Lectures
ON THE
SURGICAL TREATMENT OF EMPYEMA.

Delivered at the Hospital for Consumption and Diseases of the Chest, Brompton.

By RICKMAN J. GODLEE, M.S., F.R.C.S.,
SURGEON TO THE HOSPITAL, AND SURGEON TO UNIVERSITY COLLEGE HOSPITAL.

LECTURE I.

GENTLEMEN,—Statistics are most misleading. Perhaps they are never more so than when they are compiled from the material which is met with at a special hospital. I must, however, present you in the first place with a tabular statement—I fear not quite a complete one—of the cases of empyema which have occurred during the year that I have been officially connected with the hospital, and of a few others that were under my care before that time. A glance at the list will show that it is a record of a very promiscuous series of cases. It was difficult to arrange them in any illustrative manner, and I have accordingly placed them in the order of age. Such a table is a good illustration of the fallacies to which the study of statistics may lead; for although the actual mortality cannot be said to be high—five out of twenty cases having died, two of which were after leaving the hospital—it will be noted that the number of perfect cures is comparatively small; and anyone who formed his opinion as to the results of the treatment of empyema from the statistics of this hospital might conclude that the treatment of the disease is far from encouraging, so many of the cases having left the hospital still wearing the tube, with the remark appended to their case, "improved"—often merely a euphemistic rendering of *in statu quo*. But if he happened to formulate his views from observations made at another institution with which I have the honour to be connected—the North-Eastern Hospital for Children—he would conclude that empyema is one of the most curable of diseases, for by referring to this other table it will be seen that amongst thirty cases there has only been one death (that of a markedly tubercular infant, who had an empyema upon the opposite side); and that very few left the hospital unhealed, while the majority were completely cured in a very few weeks, and even those whose recovery was more protracted ultimately, with one exception, healed completely.

I will not dwell upon a third class of cases which might supply material for statistical tables—namely, those which are met with in private practice, though perhaps it might be shown that similar cases to those we meet with here have a better chance of recovery under the more advantageous conditions of a good home than the undoubtedly very favourable one that we are here able to offer them. Nor will I give you a list of cases from a general hospital, though these would probably afford the most trustworthy basis for an argument; but I will shortly point out a few of the reasons for the different results obtained at these two special institutions. Some at least of these must be at once apparent, the principal ones being the difference in the age of the patients, and the fact that many of those who come here are either quite chronic cases or the subjects of more or less advanced tubercular disease. It may of course be said, and with truth, that the majority of the cases of empyema at a children's hospital have in a marked degree the appearance which we are in the habit of describing as "tubercular": that is, they are thin, with delicate features and narrow chests; they have downy skins and notably hairy foreheads, and long dark eyelashes; and not infreqently we can discover a family history of tubercular or strumous affections. But, on the other hand, they are not as a rule pulled down by chronic phthisical changes; their lungs are not, as many of those we meet with here, consolidated and inexpansible, and if actually tubercular, this is the first manifestation of the disease in an otherwise comparatively healthy body. The question of age, however, is probably the most important one. It implies, besides the difference of recuperative power so marked between children and adults, a difference in the most important factors concerned in the closing of an empyema. To begin with, the tissues of a child have apparently a greater faculty than those of an adult of absorbing not only serum but pus; and I cannot doubt that a certain number of empyemata in children are really made away with by simple absorption, without surgical interference. This is illustrated by the fact that acute suppuration of joints and large intermuscular abscesses may be satisfactorily treated in infants by means of a much smaller incision than would be considered at all adequate for an adult. That the pleura may deal with pus in this way, even in adults (though perhaps only in young adults), is illustrated by two cases which have occurred here (Nos. 7 and 10, Table II.); for it must be remembered that when an empyema is aspirated, it is generally, if not always, impossible to extract to the last drop the pus contained in the chest, as such a complete evacuation would imply the perfect adaptation to each other of all the walls of the cavity in which the pus was contained, and therefore almost necessarily the complete expansion of the lung—a result which must be very rarely met with. But the question of age tells in a more marked way after the chest has been opened by a free incision. Let us consider the manner in which a cure is effected under such circumstances. The lung, unless it has previously become adherent to the chest walls, at some points, is lying at the back of the thoracic cavity, occupying the hollow formed by the angles of the ribs, and perhaps adherent also to the structures in the middle and posterior mediastina. The process which has to take place in order that the opening may close is a bringing together of the walls of the cavity and the surface of the lung. Now it is quite impossible for the lung to be distended by any inspiratory efforts; this would be opposed to the laws of physics; and no suction power is available as long as there is a free opening into the chest, yet somehow the closure of the cavity is brought about. The only possible power by which this can be accomplished is illustrated by Figs. A and B. The whole interior of the pleura which has suppurated becomes lined, if not with actual granulations, at least with a material which, like them, in its advance to a more highly organised condition, necessarily undergoes a process of contraction; and that which occupies the angles, shown in the figures between lung and chest walls, lung and diaphragm, lung and mediastinum, and diaphragm and chest-walls, is constantly drawing these structures towards one another. Thus the chest walls fall in, causing approximation of the ribs and a lateral curvature of the spine, with its dorsal concavity, towards the affected side and slight compensatory curves, in the opposite sense, in the lumbar and cervical regions; the diaphragm comes up, the mediastinum is drawn over with an accompanying expansion of the unaffected lung, and the affected lung is also drawn out and made to expand. Now, in a child the lung is more expansible, and the chest wall is much less rigid than in the adult, and thus the possibility of the completion of this process of closure is much greater. Perhaps it may sometimes happen, after the pleura has regained its healthy condition, if the opening in the chest wall has closed, that a cavity may remain containing a small amount of serous fluid, and that the final process may be the absorption of this fluid; but this, if it ever occur, is the exception, and not the rule. In the case of an adult such as J. F. (Table II., No. 18), a time is reached when the rigid chest walls have fallen in to their uttermost possible extent, the diaphragm has risen as high as it can, and the collapsed lung, coated with its thickened pleura, has been drawn out to the furthest possible extent. Then nothing further can take place, and nothing more remains to be done, except to let the patient go home with a permanent fistulous opening, or to adopt some of the methods to be mentioned in the next lecture to render the chest walls less rigid and more collapsible.

These, then, I think, are the most important considerations in accounting for the different results at these two hospitals, and they are sufficient to justify the position that any general assertions as to the treatment of this disease must, if they are to be of any value, be founded upon a very wide experience of all classes of cases. For this reason I refrain at present from attempting to draw any such conclusions.

It may be deduced from what has been said as to the method by which an empyema closes, not only that those

TABLE I.

THIRTY CASES OF EMPYEMA TREATED AT THE NORTH-EASTERN HOSPITAL FOR CHILDREN.

No.	Name.	Age.	Duration.	Variety.	Treatment.	Result.
1	John E.	1 year.	3 months.	Left, localised, tubercular.	Aspirated, Jan. 9th, 1883, 1 pint; Jan. 23rd, 6 oz.; Jan. 30th, 4 oz. Opened, Feb. 10th, behind; rib removed.	Death. Empyema on opposite side.
2	Mabel P.	1 4/12 ,,	1 month.	Left, general.	Aspirated, July 11th, 1884; opened, July 26th; part of 8th rib removed behind.	Cured in 6 weeks.
3	J. Joseph M.	1 10/12 ,,	3 weeks.	Right, localised.	Opened, Nov. 23rd, 1881, behind; tube out, Dec. 13th.	Cured in 5 weeks.
4	Rosie R.	2 years.	6 weeks.	Left, localised.	Opened, Aug. 1st, 1885; rib removed behind; tube out, Aug. 13th.	Cured in 4 weeks.
5	Frederick E.	2 1/12 ,,	9 weeks.	Right, general (?). Subcutaneous rupture outside and below nipple.	Aspirated, July 4th, 1885; opened through abscess, July 7th; tube removed, July 15th. Part of 7th rib removed; tube put back, Aug. 7th; finally removed, Aug. 15th.	Cured in 9 weeks.
6	George R. C.	2 2/12 ,,	14 days.	Left, general (?).	Aspirated, Aug. 14th, 1883; opened, rib removed behind, Aug. 17th; tube removed, Sept. 1st.	Cured in 5 weeks.
7	Elizabeth L.	2 5/12 ,,	8 months.	Left, localised.	Aspirated, Feb. 9th, 1885; opened, rib removed behind, Feb. 28th; tube replaced twice; counter-opening, June 17th.	Left in September, not quite healed.
8	George M.	3 ,,	2 months.	Left.	Aspirated, Aug. 20th, 1883; opened, Aug. 24th; rib removed behind; tube removed, Oct. 2nd.	Practically cured in 8 weeks.
9	Florence E.	3 ,,	(?)	Left, general.	Aspiration failed; opened, Nov. 14th, 1883; rib removed behind.	Cured in 10 weeks.
10	James D.	3 ,,	6 weeks.	Right, general (?).	Aspirated, Nov. 25th, 1884, 5 oz., very thick pus.	Cured by one aspiration.
11	Frederick D.	3 ,,	5 months.	Left, general.	Aspirated, Dec. 3rd, 1883, 2 oz.; Dec. 4th, 1 oz. Opened, rib removed behind, Dec. 7th.	Practically cured in 7 weeks.
12	Florence P.	3 1/12 ,,	3 weeks.	Right, localised.	Aspirated, May 12th, 1885, 4 oz.	Cured by one aspiration.
13	Florence S.	4 ,,	(?)	Left, general (?).	Aspirated, Oct. 31st, 1884, 29 oz., sweet; Dec. 8th, expectorated, 2 oz., fetid. Opened, Jan. 25th, 1885; rib removed behind; pus fetid.	Cured in 8 weeks.
14	Helena B.	4 ,,	3 weeks.	Right, localised.	Aspirated, April 28th, 1884, 1 syringeful.	Cured by one aspiration.
15	John W.	4 ,,	2 weeks.	Right, general.	Aspirated, Aug. 9th, 1885. Opened, Aug. 5th; rib removed behind. Tube removed, Aug. 26th; put back, Aug. 31st; finally removed, Sept. 16th.	Practically cured in 5 weeks. Tube removed too soon.
16	Ada L. H.	5 ,,	(?)	Left, general (?).	Aspirated, April 7th, 1882, 10 oz.; April 9th, 7 oz.; opened, April 10th; tube reinserted, Sept. 9th.	Practically cured in 6 months.
17	Sydney N.	5 ,,	(?)	Left, general (?).	Aspirated July 24th, 1883, 4 oz.; July 28th, 11 oz. Opened, Aug. 12th; rib removed behind; tube left out, Aug. 29th.	Cured in 4 weeks.
18	Daisy M. H.	5 ,,	1 month.	Left, general.	Expectorated two months after commencement of illness.	Cured.
19	Eliza C.	5 ,,	5 months.	Right, general (?), opening in 7th space.	Part of 7th rib removed, and tube put in, Feb. 17th, 1883; left out, March 27th.	Cured in 6 weeks.
20	Florence C.	5 1/12 ,,	2 weeks.	Left, general.	Aspirated, April 3rd; opened, 10th; rib removed behind.	Cured in 8 weeks.
21	Henry E.	5 2/12 ,,	10 days.	Left, general.	Aspirated, June 16th, 1882, 26 oz.; opened July 1st, 7th interspace; July 7th, rib removed; tube left out, Sept. 2nd.	Cured in 14 weeks.
22	Joseph W.	5 5/12 ,,	4 days (?).	Left, general; lung solid.	Aspirated, May 12th, 1884; opened, 27th; rib removed; July 13th, second opening further back.	General health good, but sinus remains, Sept., 1885.
23	Alfred J.	6 ,,	5 weeks.	Left, general.	Aspirated, Jan. 29th, 1885; subcutaneous rupture near nipple, Feb. 7th; opened through abscess, 6th interspace; no rib.	Cured in 8 weeks. Trouble with tube.
24	Gertrude S.	6 ,,	4 months.	Left, general.	Aspirated. Jan. 10th, 1885; opened, rib removed behind, 29th.	Small cavity remaining for 3 months.
25	Mary C.	6 ,,	4 months.	Left, localised.	Aspirated, Nov. 18th, 1884.	Cured by one aspiration.
26	William D.	6 ,,	6 weeks.	Right, localised.	Aspirated, July 7th, 1885; opened, rib removed behind, 17th; tube removed, 29th.	Cured in 3 weeks.
27	Lydia S.	7 ,,	3 weeks.	Right, general (?).	Aspirated, Aug. 24th, 1883; 27th, 4 oz.; Sept. 1st, 9 oz. Opened, rib removed behind, Sept. 8th; tube left out, 20th.	Cured in 3 weeks.
28	Ada B.	8 ,,	(?)	Right, general, putrid.	Aspirated, April 10th, 1882; opened, 21st, 7th interspace; no rib.	Cured in 4 weeks.
29	Cornelius S.	9 ,,	9 days.	Right, general.	Aspirated, May 2nd, 1882, 3 oz.; 5th, 22 oz.; 19th, 20 oz. Opened, 23rd; no rib. Tube removed, July 19th.	Cured in 9 weeks.
30	Maria C.	10 ,,	12 months.	Left, general (?). Subcutaneous rupture near nipple.	Opened through abscess in 7th interspace; no rib, March 31st, 1883. Pus vomited during operation.	Practically healed in 7 weeks.

TABLE II.

TWENTY CASES OF EMPYEMA TREATED AT THE BROMPTON HOSPITAL.

No.	Name.	Age.	Duration.	Variety.	Treatment.	Result.
1	Alice C.	5½ years.	5 months.	Right, stinking, localised.	Sept. 6th, 1883, piece of 6th rib outside nipple removed; healed. Reopened, Nov. 30th.	Never completely healed. Died afterwards of bronchitis. (A very delicate child).
2	Charles W.	6½ ,,	3 months.	Left, general.	June 18th, 1885, incision.	Healed in 3 months.
3	Elizabeth A. M.	7 ,,	1 month.	Left, general.	Aug. 22nd, 1884, part of 7th rib removed behind.	Healed on Sept. 23rd (under 5 weeks).
4	James H.	10 ,,	5 years.	Left, general. Two sinuses, one 2nd interspace near sternum, one near nipple. Much contraction.	Dec., 1883, openings dilated; Feb., 1884, parts of 5th, 6th, 7th, and 8th ribs removed; July 11th, several other pieces of rib removed; Nov. 20th, opening into 1st intercostal space.	Much improved. All closed but a minute cavity, into which a straight celluloid tube, 2½ in. long., was inserted.
5	William B.	11 ,,	7 months (?) or more.	Right, localised.	July 2nd, 1885, incision; closed in six weeks; then reopened, Sept. 28th,	Still discharging.
6	Emily C.	16 ,,	6 months.	Left, localised. Rupture of 2nd interspace; lung adherent in front.	Dec. 11th, 1884, part of 9th rib removed behind; tube left out, Feb. 6th, 1885.	Healed in about 8 weeks. ? Tubercular.
7	Giuseppe D.	17 ,,	A few days.	Right, large effusion.	June 26th, aspirated, 52 oz.; July 25th, aspirated, 26 oz.	Cured.
8	William S.	20 ,,	6 months.	Left, general.	June 18th, 1885, incision; part of 6th rib removed.	Commencing phthisis. Still discharging.
9	Louise G.	20 ,,	9 months.	Left, general. Subcutaneous rupture of 7th interspace.	Sept. 17th, 1883, abscess opened; piece of rib removed in mid-axillary line.	Healed on Dec. 4th. (About 11 weeks.) ? Tubercular.
10	W. James S.	21 ,,	6 months (?)	Right, large effusion.	Feb. 4th, 1885, aspirated, 90 oz.	Cured. Effusion had just become purulent.
11	Edward J.	22 ,,	4 months.	Right, general (?) Rupture of 5th interspace.	Aug. 7th, 1884, opening enlarged; part of 5th rib removed.	Healed, 8th Oct.; well, Oct., 1885.
12	Francis S.	23 ,,	2 years.	Right, localised. Burst into bronchus.	Sept. 6th, 1883, opened; rib removed in axilla; healed. Nov. 15th; refilled, and opened again, Dec. 7th; 3 in. of two ribs removed, Jan. 28th, 1884.	Left, with tube. Healed after a second opening by Mr. Cross, of Clifton.
13	Frederick G.	27 ,,	10 months.	Right, general.	Nov. 23rd, 1883, opened; second opening, Feb. 7th, 1884, 10th interspace; never drained properly.	Death. Tubercular.
14	James L.	(?)	6 months.	Left, general.	Nov. 23rd, 1883, incision, 8th interspace behind; condition doubtful; lung incised.	Death from abscess of brain. ? Tubercular.
15	Alfred M.	31 ,,	6 months.	Left localised. Subcutaneous rupture of 2nd interspace, and into bronchus.	July 31st, 1884, abscess incised, opening in 8th interspace behind (no rib); healed, Aug.; reopened after several months.	Practically healed on Nov., 1885.
16	Harriet B.	36 ,,	1 year.	Right, general.	Oct. 28th, 1884, aspirated, serum; Nov. 4th, opened (no rib); stinking pus.	Death. Tubercular ulceration of intestines. Peritonitis.
17	Alfred D.	36 ,,	Old.	Left, localised (?)	A long piece of one rib removed.	Under treatment.
18	Joseph F.	37 ,,	14 weeks.	Right, general.	Aug. 16th, 1884, aspirated, serum; Aug. 29th, opened behind (no rib); stinking pus.	Very gouty. Left, with a large cavity.
19	Robert C.	45 ,,	3 years (?)	Right, general. Spontaneous rupture of 4th interspace outside nipple.	Sept. 22nd, 1883, opening enlarged; second opening in 7th interspace.	Improved. Left, wearing a tube.
20	Harriet A.	49 ,,	1 year.	Right, localised. Much pus expectorated.	Aug. 20th, 1884, incision, low axilla (no rib).	Perhaps a pulmonary abscess. Left, with tube, much improved. Died, March, 1885.

Summary of Table I.

Number of cases, 30. Average age, 4½ years. Males, 14; females, 16. Right side, 11; left, 19. Localised, 8 (right, 4; left, 4). Healed after opening, 19. Average time, 6 weeks. Cured by an aspiration, 4 (right, 3; left, 1; all localised). Left with a sinus, 4. Died, 1. Spontaneous rupture, 4 (1 in 7th right interspace; 1 in 5th left interspace; 1 in 5th or 6th right interspace; 1 in 5th or 6th left interspace).

Summary of Table II.

Number of cases, 20. Average age, 23½ years. Males, 14; females, 6. Right side, 11; left, 9. Localised, 7 (right, 4; left, 3). Healed, 6. Average time, 8 weeks (1 reopened afterwards). Cured by aspiration, 2 (right, general). Left with a sinus, 9 (1 healed after leaving). Died, 3 in hospital; 2 afterwards = 5. Spontaneous rupture, 6 (5th right interspace; 2nd left interspace; 7th left interspace; 2nd left interspace; 4th right interspace; 2nd and 4th left interspace).

who have rigid chest walls and a dense inexpansible lung are in a very unfavourable condition, but also that those in whom the empyema is localised, or in whom the lung has contracted adhesions at one or more points to the chest walls, have a better chance of recovery than those in whom the empyema is general. For here there is not only a smaller cavity to fill up, but there are more angles in which the contracting power of the lowly organised material which has been referred to can exert itself. (See diagrams.) Thus in

Diagrammatic section of cases of empyema, to illustrate the manner in which the contraction of the granulation lining the pleura (represented by the thick black line in both figures) draws the lung and chest wall together.—A, General empyema, with lung collapsed against mediastinum. B, A case in which the lung is adherent to the parietal pleura at several points.

the case of E. C. (Table II., No. 6), the lung was adherent in front except at the apex, so that when the finger was introduced through the spontaneous opening in the second space in front, it passed over the apex into the upper part of a cavity behind the lung. Into the extreme lower part of this a drainage-tube was inserted by making a second opening behind, and the patient recovered completely in two months. So in the case of A. M. (Table II., Case 15), where an almost precisely similar condition presented itself, and a corresponding rapid healing was effected, though his condition on admission was so bad as to appear almost desperate. This case raises a very interesting question, to which I wish to direct your attention, though I cannot supply a very definite answer to it. He left the hospital cured, and returned to work, as was supposed, with his pleural cavity completely obliterated. He continued at his work in a good state of health for several months, and then returned with both the upper and lower openings re-established, necessitating the dilatation of the posterior one and the reintroduction of a tube, which he is still wearing. It is not a very unusual occurrence for an empyema to close completely, or at least for the outer opening to close, and for a reaccumulation to occur almost at once, no doubt because the deep part has never become solidified; but I do not think it is very common for the patient to remain in good health for many months, and then for a fresh discharge of pus to declare itself. I have under my care now a gentleman whom I first saw in March, 1884. He was then much reduced by an empyema, following an attack of pneumonia, from which he had been suffering for a considerable time, which he was expectorating and which had ruptured through about the seventh space in the left axilla, forming a large collection under the skin. Though his case appeared most unpromising, he made a most excellent recovery in two months. A second accumulation occurred very soon—i.e., about a month after,—which was opened at the same place and rapidly closed; he then remained in robust health for five months, returning to his business and feeling perfectly well, when after exposure to cold the accumulation of matter again occurred. Again it closed rapidly, and again he was perfectly well for another five months, when, without any warning, the process repeated itself, and he is now performing one of his rapid feats of recovery.[1] It is interesting to speculate as to the state of the pleura in these two patients during their periods of apparently absolutely good health. The question arises whether in these cases there is left a small cavity containing perhaps serum, or possibly even pus, in which at last the effect of *tension* is felt in the production of acute inflammation; or whether it is this lowly organised material which, under the effect of some unusual stimulation, accompanied perhaps by an impaired state of the general health, becomes inflamed and suppurates. The latter suggestion seems the more probable; it may be illustrated by what occurs in the neighbourhood of the cæcum of a patient who is the subject of repeated attacks of perityphlitis; or by the condition of one who has a chronic stricture or long-standing enlargement of the prostate, in whom an apparently trivial irritation may light up acute inflammation and suppuration in the products of the chronic interstitial inflammation that has taken place in the kidney. The observations of any who may have the chance of making post-mortem examinations on cases of cured empyemata would be of great value in clearing up this question.

(To be concluded.)

[1] The opening has now been completely closed for two months.

ABSTRACTS OF THE

Brown Lectures,

DELIVERED AT THE

UNIVERSITY OF LONDON,

By VICTOR HORSLEY, M.B., B.S., F.R.C.S.,

PROFESSOR SUPERINTENDENT OF THE BROWN INSTITUTE, ASSISTANT SURGEON TO UNIVERSITY COLLEGE HOSPITAL.

LECTURES IV. & V.

CANINE CHOREA.

CANINE CHOREA frequently follows an acutely infective specific malady—distemper. A parallel was drawn between the nervous phenomena that followed diphtheria and canine chorea. In both these cases the original diseases—diphtheria and distemper—were frequently of slight intensity. It was difficult to ascertain with certainty the interval of time that elapses between the first stage of the distemper and the first spasms of canine chorea. The period was, however, assumed to be from two to three weeks. Occasional uncertainty in the movement of a limb was sometimes the first symptom observed. When the animal is at rest, the limb would be found to twitch very regularly and comparatively slowly. As soon, however, as the animal made a movement, when we must suppose that some interference ensued as the result of excitation of the cerebral cortex, the tremors or twitchings were suppressed. As the case progresses the twitchings become more and more marked. A graphic record of the movements shows how they become superadded to the voluntary curve of the muscles of the limb investigated. The twitchings may affect opposite limbs, or all four limbs equally, or "crossed opposite" limbs. The final stage of the disease is one of paralysis that spreads upwards to the vital centres in the medulla oblongata. Mr. Horsley could not concur in the statement of Legros and Onimus that the sensory functions are affected. They formed their conclusion as the result of removal of the posterior cornua and columns; for they found that the movements became markedly weaker in the limbs corresponding to the part of the cord removed. This simply meant that the functions of the anterior cornua were depressed by the shock (if nothing more) of the removal of the posterior cornua. It was difficult to test the state of the reflex actions; but, so far as could be ascertained, there was no change until towards the end of the disease. This circumstance was regarded as another proof that the posterior cornua were not the seat of the disease. In a young mongrel terrier the left fore-limb was in a remarkable state of contraction; there were flexion at the elbow and adduction of the limb to the chest. The contracture could be overcome by extending the elbow with considerable force; but this effort gave the animal no pain, and thus differed from the "breaking-down" of contractions dependent on cortical irritation. Mr. Horsley was of opinion that the discharges that maintained the contracture probably emanated from the corpuscles of the anterior cornua, and examination proved these corpuscles to be diseased. Necropsies showed that the emaciation observed in the dogs suffering from canine chorea was due principally to loss of fat. Anæmia and atrophy of muscle were always present. The other general conditions—such as fall of blood-pressure, loss of appetite, &c.—advanced *pari passu* with the exhaustion of the whole system. Speaking of the differences of human and canine chorea, Mr. Horsley said that graphic records of the muscular movements showed the differences very plainly. In human

chorea, a large wave was the distinctive feature, and this was followed by smaller waves, but there was no regularity in the recurrence of the large waves; in canine "chorea" there were perfectly regular waves repeated at definite intervals. Although human chorea might be the result of defective nutrition, possibly brought about by capillary embolism, as Dr. Angel Money's experiments tended to show, still the constancy of the movements of canine chorea made it impossible that the spinal cord could to the same degree be the seat of the lesion in human chorea. Regularity and constancy of action were the characteristics of a lower centre. The movements of canine chorea were compared with those of disseminated sclerosis, paralysis agitans, and tremors of (?) incipient sclerosis occurring in one limb in young men. It was true that the movements in canine chorea were diminished when a volitional movement was made, and that those of disseminated sclerosis were developed by volitional movements, but there was not so much difference between these conditions if we carefully inquired into them. In disseminated sclerosis, if the movement were a powerful one, such as grasping an object, the tremors did not appear until the grasp was relaxing, and the same thing could be observed in canine chorea. Both in the human diseases and in a bad case of canine chorea there were two distinct kinds of twitchings: one a constant rhythmical series of clonic spasms coming on first after a voluntary effort when the limb was more or less at rest, and the other an incoördinated series of twitchings which disturb the direction and force of the volitional act itself. Canine chorea afforded an illustration of the general proposition adverted to in the second lecture, that the fundamental rate of nervous discharges from the spinal cord was from eight to ten per second. Stimulation of the uncut nerve going to the choreic muscles in no way alters the occurrence of the spontaneous spasms, for they may still be seen on the top of the curves of tetanus due to the artificial stimulation. This circumstance, and the fact that the movements do not continue after section of the nerve, even though a gentle stimulus be used to keep up the muscular tonus, prove that the disease is situated in the central parts of the nervous system. The rate of the spasm and the absence of facial spasms go to prove the dependence of the spasms on disease of the spinal cord. Section of the spinal cord above the seat of the spasms does not hinder their occurrence, or only for a short time. Stimulation to fatigue of the cerebral cortex increases the strength of the choreic movements, and the same result was observed after stimulation of the spinal cord. In a dog, with movements only in the right fore-limb and left hind-limb, stimulation of the cord caused the appearance of movements in the left fore-limb. This was no doubt due to exhaustion and etherisation; the unaffected parts were on the point of becoming choreic, and only required some lowering of their nutrition to induce the spasms.

Stimulation of the cerebral cortex produces more or less tetanus of the affected muscles proportional to the degree of disease. In some instances the lever in writing the line of tetanus scarcely rose above the abscissa; the cortex soon became exhausted, and then apparently acted merely as a conductor. Stimulation of the spinal cord has greater or less influence, also, according to the progress of the disease.

Influence of cortex.—If ether be administered so as to abolish sensation, but not to prevent the choreic movements, stimulation of the cortex will be found invariably to double the rate of the choreic rhythm. The degree of tetanus due to cortical stimulation varied directly with the stage of the disease. As a rule, tetanus set in slowly after a long latent period, and then after a short interval began to fall before stimulation ceased; it was also sometimes prolonged one or two seconds after the cessation of stimulation. The chorea could be frequently seen to return at its original rate on the curve of tetanus before even the stimulation was stopped. The choreic waves are seen to be doubled in rate on the first part of the curve of tetanus, but this doubling soon disappears as the tetanus falls and the original choreic rate reappears, continuing, of course, after cortical stimulation has ceased. The second remarkable effect on the twitchings produced by cortical stimulation when it did not cause tetanus is an increase in the amplitude of the twitchings; this increase may be four- or eight-fold. Prolonged stimulation of the centre did not cause diminution of the rate, but a slight gradual fall of energy as the centre became exhausted; that is to say, the doubling of the rate was not prevented, but the amplitude was diminished considerably below the original level.

Cortical stimulation has a twofold effect, increasing the *frequency* as well as the *amplitude* of the muscular spasms. Probably increase in the amplitude is dependent on the energy discharged from the cerebral cortex, and this being so, it was easy to understand how the effect should soon pass away, for the energy in the irritated cortical centre would soon be dissipated. Stimulation of the corona radiata in the majority of instances exerted no influence on the rate of the chorea. This observation is not conclusive, for in one instance a doubling and in another no alteration was noticed. Stimulation of the cervical region of the spinal cord caused doubling of the rate of the spasms, but diminished by one-half the amplitude of the contractions. So that it would seem impossible at the same time both to increase the frequency and the amount of nervous discharges. Much stress was laid on the conclusion that the amount of energy discharged cannot be increased when the same strength of current is employed. This observation served as a further illustration of the law that motor nerve centres discharge their energy about eight times per second.

Mr. Horsley has frequently observed that, whether the nerve corpuscles of the cord be fatigued by repeated stimulation or depressed by asphyxia or etherisation, the recovery of the former rate of nerve discharge (as determined by muscular twitchings) is not attained by a steady increase in rate and amplitude. The return to normal commences with a pause after the cessation of stimulation, that lasts a varying length of time, but not longer than two seconds; then comes a small contraction, next a shorter pause, then a series of large choreic twitches, about one every second; after these have lasted a few seconds, the chorea somewhat abruptly assumes the normal rate and the contractions their average strength. The return of energisation was not a direct return to the natural rhythm, but a kind of storage of energy even beyond the level at which, were the cell not fatigued, discharge would occur. Poisoning as in asphyxia appeared to double the rate of the chorea, but diminished the amplitude by one-half of the contractions. Powerful stimulation of an afferent nerve, like powerful stimulation of the spinal cord, causes such tetanus that the twitchings are lost in the general fusion of contractions.

Investigating the general question of the total discharge of energy by the spinal cord, by which is meant the fused or summated discharges that produce tetanus of the muscle, Mr. Horsley pointed out that the commencement of the tetanic curve was very frequently a sharp and extensive spasmodic contraction, succeeded by the rest of the tetanic contractions of varying height. With a weak current the tetanic wave was found to fall very rapidly towards the abscissa; with stronger currents this fall was prevented, but the initial spasm was almost always the highest point in the curve. So soon as the stimulus becomes adequate, the tetanus is perfect, the fall as sharp as the rise, so as to imitate the characteristic curve from the normal spinal cord.

Studying the shape of the curves caused by the choreic twitchings, Mr. Horsley concludes that the normal mode of action of the nerve centres is a small discharge followed by a more powerful one; so that the curve presents a notch in its upward stroke. Theoretically, this is what we should have expected, for an automatic mechanism usually gives a minimal discharge in response to ordinary needs, and produces a more powerful discharge as the result of later stimulation. Repeated stimulation was found to exaggerate the normal mode of action just referred to. Another effect of continuous stimulation is to equalise the rhythm and amplitude of the chorea in a remarkable manner. Asphyxia first diminishes the amplitude of the contractions, and finally abolishes them. On the restoration of respiration the chorea returns, and is observed to be more equable as the result of the previous total arrest. The effect of etherisation is similar.

Professor Wood had shown that stimulation of the sciatic nerve lessens the size of the contractions. Mr. Horsley confirms this statement, and supplements it by the observation that, whilst the amplitude of the twitchings is diminished by one-half, the rate of the chorea is doubled; thus further illustrating the principle, already mentioned, that there appears to be a very definite law controlling the influence of external circumstances upon the pathological discharges from the diseased nervous centres.

Legros and Onimus have shown that a descending current diminishes the movements in canine chorea, and an ascending one increases both their rate and amplitude. It appears to Mr. Horsley that it is more a question of the degree of effect

produced than of the kind of difference brought about by the varying position of the anode and cathode, for in both instances the rhythm was increased in rate.

Coming to the morbid histology of the disease, the lecturer referred to the lesions found by Gowers, Sankey, and H. C. Wood. His own preparations agree with those of the last-named observer, and he adduced reasons for believing that the changes observed should be regarded as of the nature of disseminated sclerosis.

INJURIOUS SCHOOLING AND ITS REMEDY.

By OCTAVIUS STURGES, M.D.,

PHYSICIAN TO THE WESTMINSTER HOSPITAL AND THE HOSPITAL FOR SICK CHILDREN.

JUST twelve months ago, as an appropriate exercise for the season, I invited attention through the columns of THE LANCET to certain events and circumstances of school life which, during the year that was then closing, had within my own experience given origin to St. Vitus's dance. The case of a child now in the Children's Hospital brings the subject once more to my mind. Like those which I related last year, it serves to illustrate the occasional hardship and even cruelty of school teaching. It would not be true, however, to represent cases of this precise pattern as common. Out of nineteen examples of chorea which fell under my care during the present year at Great Ormond-street, some three or four may be in part attributable to schooling, but only this one belongs to the category I have now in mind. The strain of mental application (especially when the learners are underfed), the excitement of competition, the fear or the grief of punishment—these are almost necessary incidents of school life, and from time to time they will prove injurious by exciting chorea; yet if in such case the earliest symptoms of the malady are recognised and rightly interpreted, that is as much as can be expected. The child is removed from school, obtains a welcome rest at home or hospital, and will presently return to work the better in health and in flesh for the holiday. But the chorea I am now thinking of belongs to another class, a class which, as I believe, is happily decreasing so far as London is concerned. It has its origin in what may fitly be called "injurious schooling." It is injurious in the sense of being, as Johnson defines injury, "hurt without justice," or, as the children themselves would say, it is "such a shame."

So far as the London School Board is concerned, I thankfully acknowledge the active interest which its late chairman, Mr. Buxton, has shown in this matter. There is reason to hope that, at the Board schools at least, precautions are now taken to ensure the early recognition of St. Vitus's dance in children, and this without any parade of medical inspection or supervision. That it is not so everywhere let the following example bear witness.

The child in question is at this moment in the Hospital for Sick Children, but was lately at a national school of a well-known and wealthy parish of the West-end. She is the subject of rather severe general chorea, and is a pale, thin girl of eleven, cheerful and intelligent, and by no means disposed to dwell on her past woes. The account given of her (which is borne out by the child's own story) is to the effect that before chorea began she was observed to be restless at night, crying out in her sleep, or sitting up and rambling about her lessons. She was always eager to be at her books, and would bring home school-work to be prepared overnight. Owing, however, to the pressure of domestic matters the lessons were often left undone, and as a consequence the girl was "kept in" and otherwise punished. For some time the strange movements of the child had been noticed at home, but nothing was thought of them, and no change was made in the routine of her life. It was ascertained (and here is one point of the story) that there had been no intentional unkindness either at school or at home. The child was anxious to learn, but too little allowance was made for her scanty opportunities of mental culture, and she thus fell into undeserved disgrace. "Do they cane at your school?" I ventured to ask, when we had become sufficiently acquainted. "Please, sir, they slap us." "But if you learnt your evening lessons you wouldn't be slapped?" "Please, sir, I have to run mother's errands." "Do you tell them so at the school?" "Yes; and teacher says I ought to get up early in the morning." "And why not? What time *do* you get up?" (severely, the season being the Vigil of St. Thomas) "At half-past six, please, sir; but I have to help mother cleaning out the place."

It was strictly true. The mother is in charge of solicitors' offices; but she is not equal to much, having some chronic illness, so that sometimes all the morning cleaning falls to the child. The father is out of work and laid up in hospital. It is a cheerless picture enough. Up at half-past six on these winter mornings "cleaning out the place for mother"; then to school, to be slapped and "kept in" for no real fault; next, an evening of errand-running in the dark streets; and finally, after joining in such pleasures of the table as fall to the lot of labouring people out of work, back once more to the dismal dreams and anticipation of new punishment in the morning. And all the while her disease growing, and with it the feeling of daily increasing inability to meet the demands made upon her. And such-like is the life of many a poor child, notwithstanding that, with the exercise of a little intelligent observation, it is all preventable. I say without hesitation, and after many years' experience, with unusual opportunities for studying this particular nervous affection of poor London children, that it is very rarely indeed that the malady is recognised at the beginning. The rule is that for weeks or for months what is really disease is taken for carelessness or perversity, and a condition which needs for its cure the utmost tenderness and allowance is thus aggravated by repeated punishment.

And where is the remedy? School teachers and people who take benevolent interest in school work often ask in bewilderment, "What *is* chorea? How am I to know it? What should I look for?" It is one of the most remarkable instances, I think, of the extreme diffidence which is prevalent in regard to medical facts that children are often brought to us wriggling and grimacing in a way that is sometimes grotesque and sometimes pitiful, while the parents blankly inquire, "What is the matter? What ails the child?" I believe that this would no longer be the case if we were to abolish the term "chorea" altogether, and adopt some simpler name. There is little enough of sense in the word; all sorts of foolish superstition cluster round it; and although the term "St. Vitus's dance," which I would substitute, is so far in much the same plight, yet this latter expression has the great advantage that everyone knows, in a sort of way, what it means. It occurs in our common talk and in general literature, and in such reference as implies that there is a popular knowledge of its main features. Chorea, on the contrary, is a word never used save by doctors and pedants.

As an illustration of what might be hoped for by this change of name, let me take the case of a kindred disease—hysteria. Everybody knows (pretty much as well, that is to say, as we do ourselves) what hysteria is. We meet with it in speeches and leading articles in such apt use as to make it plain not only that there is a wide knowledge of its common modes, but even that its pathology is well understood by these speakers and writers—better, it may be, than by some specialists. And observe that this just appreciation of the nature of hysteria supplies the proper direction for its treatment. Every efficient governess and all wise mothers, gentle or simple, are on the look out for the earliest symptoms of emotional outbreak in growing-up girls. When the laughter is too loud or the game too boisterous, it is dexterously repressed before self-control is altogether lost. There is an accurate and a widespread knowledge of the nature and incentives of hysteria, and it is utilised, and transmitted from one generation to another in every well-ordered family. Habitually, mothers prove most efficient in the correction of hysteria; habitually, they help to maintain and to aggravate chorea.

Why should it not be the same with over-movement as with over-emotion? One chief reason is, I am persuaded, that we make a mystery of a very common infirmity by calling it by a strange name. The factors of chorea (or let me say, to avoid controversy at this season of the year, *some* factors of chorea) are not less plain than the factors of hysteria. No one whose privilege it is just now to be living with children home for the holidays needs to be told that restlessness and love of movement are characteristic of that time of life. It is superfluously obvious. And there needs but a slight enlargement of that observation to perceive that mental strain and school worry, no less than the joys of home and freedom, will sometimes provoke a similar restlessness, which is even less within control, a condition rendering the limbs

for the while disobedient as well as restless, and under the influence of which the higher muscular acts—walking, writing, handling, speaking—become awkward, difficult, and uncertain. Here is an affection which is all one with the so-called "St. Vitus's dance" of the vulgar, the so-called "chorea" of the learned. And, looking at it from this point of view, we obtain, just as in the case of hysteria, not merely a picture of what it is like, but a suggestion as to its management.

But in spite of the pleadings of common sense, there is small hope of change. Not in chorea alone, but in other diseases as well, there is the common speech on the one side and our technical "nomenclature of disease" on the other, and as yet they show no tendency to come together or to hold parley. The inconvenience and inaccuracy of the word *typhoid* have often been pointed out, yet no non-professional person will speak of "enteric fever" or even comprehend what it means. The identity of scarlet fever and scarlatina we are for ever insisting upon, yet, in spite of all protest and to their own danger, the people persist in maintaining a distinction between the two. And similarly, it is to be feared, we shall still cherish our own professional chorea and marvel at the blindness of the community in respect of it; the people will still speak of St. Vitus's dance, associating it less with their own nurseries than with burlesque descriptions in books or the miracles and fanaticism of the Middle Ages. Yet, surely, in no department of medicine is this want of touch and sympathy more mischievous than in the functional nervous disorders of the young. What is needed for the alleviation, and still more for the diminution, of these common diseases of civilisation, singularly bare as they are of drug remedy, is first an intelligent understanding among the people of their real source and nature, and next the co-operation of parent or teacher on the one hand and medical man on the other with a view to their prevention or cure. But no such understanding or co-operation is possible so long as this pernicious barrier between ourselves and the community is allowed to exist. It was set up ages ago to shelter mystery and pretence, and whether from the one side or the other, be he layman or doctor, he does a good and a seasonable work who will help to pull it down.

Christmas Eve, 1885.

A SUCCESSFUL CASE OF

GASTROSTOMY FOR THE REMOVAL OF A LARGE MASS OF HAIR FROM THE STOMACH.

By J. KNOWSLEY THORNTON, M.B., C.M.,
SURGEON TO THE SAMARITAN FREE HOSPITAL.

I HAVE waited to publish the full details of this very remarkable case until sufficient time has elapsed for any after-troubles to declare themselves; none have appeared, and the patient has enjoyed good health since the operation, and still continues to do so. In reply to a letter of inquiry, she writes: "I have no discomforts that can be attributed to the operation."

Early in 1884, C. H. J——, aged eighteen, single, was sent to me by my friend Mr. Symonds, of Oxford, for an opinion as to an abdominal tumour from which she had for some time suffered. She had already been seen by several other medical men, and very various views had been expressed as to the nature of the tumour, perhaps the most common one being that it was malignant. After in vain attempting to get any satisfactory history from either the patient or her mother, I made a very careful examination, and came to the conclusion that it was an accumulation in the colon. I therefore advised frequent doses of castor oil and the use of very large enemata. This treatment was thoroughly tried by Mr. Symonds, with the result of giving her much pain and pulling her down a good deal, but without reducing the swelling. She therefore came to see me again, and brought with her a small concretion of hair and fæcal matter which she had passed while under the above treatment. A further examination confirmed my original opinion, and she now informed me that for some years she had been in the habit of "eating the combings of her hair and her sewing-cotton ends to clean her tongue." The question now arose, Is this mass in the stomach or transverse colon? She had suffered to some extent from indigestion, but there had been no very marked sickness or pain, and, moreover, there was the small concretion of fæces and hair. I concluded that the mass was in the colon, and advised another prolonged attack upon it with castor oil and enemata, promising, if they failed, to take her into the Samaritan Hospital and perform abdominal section. I thought it was possible, if the mass were in the colon, that after opening the abdomen it might be gradually forced along into the rectum and extracted; at the same time I was quite prepared to open either the stomach or colon if necessary.

The treatment failing to produce any result, and the patient being much weakened by the purging and enemata, her friends earnestly begged for operation, and she was admitted under my care on May 2nd, 1884. A fresh examination revealed no change in the size or position of the mass, and accordingly on May 6th, after the administration of methylene by Mr. Malcolm, I proceeded, with the assistance of Mr. Meredith, and in the presence of Mr. Symonds, Dr. John Homans of Boston, U.S., and many others, to perform the following operation:—Parietes incised in the middle line, the incision beginning two inches above the umbilicus and passing on its left to one inch below it. Stomach exposed, greatly distended by solid mass, which was evidently moulded to the shape of the viscus. Some omentum adherent to the surface of the stomach and to the parietes separated and ligatured. Incision extended two inches further below the umbilicus. Space between distended stomach and parietes carefully packed all round with carbolised sponges. Anterior surface of stomach grasped and a large fold of the great curvature brought out between the lips of the abdominal incision. Another layer of sponges packed over the raw edges of the wound round this fold. The fold transfixed and incised by a transverse incision five inches long, care being taken to avoid vessels as far as possible; a few spouted, but were easily controlled by pressure forceps. The mass of hair was at once seen, filling and distending the stomach, and was extracted by a vulsellum with a slight turning movement. The mucus was carefully wiped away all round, as the mass came out, with carbolised sponges, and the cavity of the stomach was at once thoroughly cleansed with them. A large carbolised sponge was then laid in the stomach to keep the edges of the wound in position for suture and prevent accumulation of blood in the organ. Fifteen sutures of fine carbolised silk were then introduced through all the coats, the needle being slanted through the wall so as to come out just at the inner edge of the mucous membrane, which was much inclined to curl. These interrupted sutures were passed so as to control the cut vessels, and no ligatures were used. Another row of similar sutures was then passed between each of the deep sutures, but only through the peritoneum. The deep sutures entered the peritoneal coat about a quarter of an inch from the edge of the incision, and were a third of an inch apart; the superficial sutures were entered at about the same distance from the edge, and ran along just under the peritoneum. When these were all in place the sponge was removed from the stomach, and they were tied, the deep first and then the superficial. These two rows caused some inversion of the peritoneum, and the two outer and upper peritoneal edges of the depression thus formed were brought together by a continuous suture of very fine carbolised silk. There had been no escape of blood or other material into the peritoneum, and no exposure of its contents to chill from the spray. The closed wound measured exactly three inches. The sponges used for the mucus and for the interior of the stomach were kept quite separate from those used for the peritoneum. During the suture of the external wound the nurse was made to count the sponges aloud, my usual custom in ovariotomy. The usual gauze dressing, with straps, was employed. There was no drainage. When the patient was placed in bed, after a two hours' operation, the pulse was 100, and the vaginal temperature 98·2°.

The after-treatment differed in no way from that which I adopt after ovariotomy and similar operations, except that the stomach-feeding was only commenced on the afternoon of the second day—i.e., forty-eight hours after operation—and was then one teaspoonful of ice-water and milk, equal parts, every half hour. The quantity was gradually increased till the afternoon of the next day, when she was able to take two ounces every hour. On the sixth day three ounces were given every two hours. On the fourteenth day cornflour was added to the diet, on the fifteenth day some crumbled bread, and then gradually an ordinary light

diet was allowed. During the first week three ounces of beef-tea were injected into the bowel every three hours, with twenty drops of laudanum every six hours, and during certain complications now to be described port wine and quinine were added to these injections.

In the early morning of the day after the operation there was some retching, which occasioned unusually severe pain about the umbilicus; later in the day, hiccough, with vomiting of some brownish fluid, took place; the temperature rose to 100·6°, and the pulse to 126. She still complained of great pain about the umbilicus, which the opium failed to relieve. I had heard in the course of the morning that the nurse who had charge of the sponges had, in spite of the counting at the operation, found her number one short on the previous evening. I now began to have some doubt myself, failing to recollect the removal of a sponge which I had placed under the upper part of the incision while tying the lower parietal sutures. At 2.30 P.M. Mr. Meredith gave the patient some methylene, and under the spray I removed a few sutures, and at once came upon the missing sponge full of dark serum and firmly adherent to the surfaces with which it was in contact. On examination afterwards, and on section, it was found to be already, in less than twenty-four hours, permeated to some depth with organising lymph. Before again closing the incision I passed sponges into the pelvis, and into both loin pouches, and found all dry and clean. I also examined the wound in the stomach, and found it perfectly quiet and free from redness or swelling. The external wound was closed and dressed as before. At the conclusion of this second operation the vaginal temperature was 101·4°; pulse 120. Pounded ice in mackintosh was placed on the head, and next morning the temperature was 99·6° and the pulse 104. All went well after this till the morning of the fourth day, when the ice was removed from the head, the temperature being 98·4° and the pulse 84. In the course of the day she began to complain of pain in the right side of her neck, and the parotid swelled. Later there was soreness of throat on that side and difficulty in swallowing. The evening temperature was 101·4°; pulse 120; respiration 22. The ice-water cap was put on. On the following morning glycerine and belladonna were applied on cotton-wool all over the swelling. Temperature 101·8°; pulse 112. In the afternoon the pain and swelling had become so great that I incised the gland, under the spray. There was no pus, but free oozing of blood and serum reduced the swelling and pain. Evening temperature 102°; pulse 120. The following day (the sixth after operation), the temperature rose to 103°, and pulse to 128. The left parotid began to swell, and was at once covered with glycerine and belladonna. On the following day (the seventh) the bowels were well cleared by enema, and on the eighth day the abdominal wound was dressed and the sutures removed, the whole wound having united perfectly by first intention. The right parotid, which had been dressed daily, began on this day to discharge a little pus. The swelling had entirely disappeared, but the left gland, which had not been incised, remained swollen and painful. On this day there was a sudden increase in the quantity of urine, nearly five pints being passed in twenty-four hours; doubtless this was hysterical, the hair-eating being another manifestation of the same complaint. From this time improvement was rapid, the only trouble being occasional attacks of polyuria. At the end of the second week the swelling of the left parotid had quite gone, and on the following day my incision into the right one healed. She was moved into the convalescent ward on the twentieth day, with a normal pulse and temperature, and was up four days later, leaving the hospital twenty-nine days after the operation quite well. From first to last she had no unfavourable symptom or pain in the abdomen, and when she left there was no tenderness on pretty firm pressure in the epigastrium. Now she is strong and well, and has quite given up eating hair. The mass removed from the stomach was almost entirely matted hair, moulded into the shape of the organ, and it weighed two pounds.

I have never been able to make up my mind whether to attribute the parotid swellings directly to the operation, or whether to look upon them as a chance attack of mumps, from which she had not previously suffered. Most of the cases of this kind which I have either seen or heard of have been distinctly of septic origin; but in this case, certainly, there were no other symptoms pointing in this direction, and I do not believe that the right gland would have suppurated any more than the left, had I not been in too great a hurry to incise it and put in a rubber drainage-tube. Moreover, I have had two other cases in my own practice, which have got quite well without the patients suffering from other symptoms of septicæmia, one case rapidly subsiding without treatment, and one suppurating and requiring incision and drainage. On the other hand, in the particular case under consideration, it would not be at all surprising if the swellings were of septic origin, for many of the sutures in the stomach passed through the edge of the mucous membrane and must have been exposed to the absorption of septic material. The sponge incident is one more to be added to the long list of cases in which foreign bodies have been left in the abdomen in abdominal surgery; it is the second time the accident has happened in my own practice, and in both cases it was fortunately discovered in time to save the life of the patient.[1] When I hit upon the plan of making the nurse count the sponges aloud, I thought I should in future be quite safe, but it seems that the only way in this case, as in many others, is to do it oneself, if one wants to be sure that it is well done. Had I been as responsible as she was, I certainly could not have gone placidly to bed and slept comfortably as she did, telling me casually of the lost sponge eighteen hours after she missed it. The freedom from serious hæmorrhage while making so large a wound in the stomach, and the immediate closure of the wound without any after-troubles from the presence of such a number of silk sutures in the stomach wall, would be surprising had we not already learnt from the resections for malignant disease how much surgery this organ will tolerate.

Shortly after the recovery of my own case I heard that Dr. Schönborn of Königsberg had published a somewhat similar case in Langenbeck's Archives (1883, vol. xxix., p. 609). His incision into the stomach was about the same length as mine, and was closed by two rows of silk sutures. They must have been very close together, for he used sixty-five, and I only used thirty. The operation was thoroughly antiseptic, salicylic spray being used. The patient was quite well in three weeks, and able at that time to eat and digest any ordinary food, even beefsteak. The mass of hair removed was much smaller than in my case, only weighing nine or ten ounces. He gives an engraving of it, natural size. Illustrations of the masses accompany several of the records of cases in which similar masses were discovered after death, and they are all more or less moulded into the shape of the stomach. Schönborn notes in his case that the mucous membrane of the stomach was quite healthy, as it was also in my case. It is very strange it should be so, after long distension with these great rough foreign bodies. The cases of Professor Schönborn and myself are, I believe, the only two which have been successfully treated by operation. Several other cases have been described from post-mortem examination, most of the patients having died from peritonitis, which was in some of them due to ulceration and perforation. Bandamant published a case in the *Journal de Médecine* (vol. ii., p. 507, 1779), the patient being a male who had from a very early age been known to swallow horse-hair; he died, after great suffering, at the age of sixteen. Pollock published in the Pathological Transactions (1851-52, p. 327) the case of a girl, who died at the age of eighteen, with a mass of hair in the stomach measuring 6 in. by 3½ in., and a smaller mass in the duodenum. She had been known to eat hair since she was three years old. The illustration accompanying this is very like the mass I removed. George May, jun., published a similar case, I believe, in 1865; but I have been unable to find it. Ritchie published one in the *Edinburgh Monthly Journal* (vol. ix.); the patient, a female, died at twenty-one, and the mass weighed 21 oz. Russell published one in the *Medical Times* (1869), which is, perhaps, the most remarkable of the series; the woman died at thirty-one after an abortion, and a matted mass of hair was found in her stomach weighing 4 lb. 7 oz., and dragging the pylorus down into the pelvis; it had been growing for seventeen years, yet she did not seem to have suffered much from its presence, and there was only one small ulcer in the stomach. This case led Inman to publish in the same journal a short note of a case which he had heard of in the practice of Dickinson of Liverpool, the patient, also a female, dying at thirty-four, with symptoms of obstruction. In the same year (1869) Best recorded a case in the *British Medical Journal*, the patient, also a

[1] For note of first case see Proceedings of Medical Society of London, vol. v., p. 37, 1881; also, report of the meeting, THE LANCET, Dec. 13th, 1879, vol. ii., p. 875.

female, being thirty when she died, and the mass weighing 30 oz. It is obvious from these records that the condition tends to a fatal termination if not relieved, and its successful treatment is another triumph for the abdominal surgery of our day.

COMBINED DISEASE OF THE POSTERO-EXTERNAL AND LATERAL SPINAL TRACTS.

BY C. W. SUCKLING, M.D. LOND., M.R.C.P.,
PHYSICIAN TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

B. G——, a labourer, aged sixty-one, was admitted into the workhouse infirmary on August 18th, 1885, complaining of weakness and pains in the legs. No family history of importance could be elicited. He has been a free drinker and much exposed; in 1879 he contracted syphilis. His present illness commenced about two and a half years ago with pains in the legs, more severe in the right, shooting and paroxysmal in character. He has been unable to work for a year and nine months. In July, 1884, he was in the infirmary, and it is recorded on his case papers that he suffered at that time from constipation and "double sciatica," that there were no tender spots in the course of the nerves, and that the reflexes in the lower extremities were slightly increased. In October, 1884, it was observed that the symptoms were those of locomotor ataxy, although the knee-jerk was increased. The Romberg symptom was present, and the gait was somewhat ataxic. The patient was not seen again until his readmission in August last, he then stated that during the last few months his legs had been getting very weak, so that he could scarcely walk at all. At times also he had suffered from girdle pain and severe paroxysms of shooting pains in both legs, and had noticed that he could not control them—they would "kick out"; but latterly his toes caught the ground in walking. He had never suffered from vomiting, pain in the head, or vertigo. For the last few weeks he had been unable to hold his urine, and it dribbled at times.

At the present time the patient can walk with sticks, but he has a difficulty in lifting the toes, which drag, and is quite unable to point them owing to weakness of the extensor muscles. He lifts the feet rather high from the ground and brings the heels violently down, the gait being a combination of the spastic and ataxic types. There are marked swaying movements when he attempts to stand with his eyes closed. He complains of numbness in the legs, and there is complete analgesia and thermal anæsthesia in both; tactile sensibility is perfect both as regards localisation and differential sensibility. There is no well-defined line of demarcation of the analgesia upwards. The muscular sense is unimpaired; he can tell the difference between half ounce and one ounce weights suspended from the toes, knows the position of his limbs, and executes any required movement with precision, his eyes being closed. The plantar, cremasteric, abdominal, and epigastric reflexes are very well marked. The knee-jerk is exaggerated, and vibration of the patellar is marked when the quadriceps extensor is suddenly put on the stretch by depression of the patella. There is slight ankle-clonus on both sides, but no front tap contraction. The left cremasteric reflex is absent. Spontaneous jerking movements of the legs frequently occur and trouble him a great deal. There is no pain in the back at present, no deformity or tenderness anywhere on percussion, and no rigidity. There is myosis of both pupils, which refuse to respond to light, but do so readily to accommodation. The fundus oculi is normal on both sides. Slight incoördination is observed in the upper extremities; he does not guide the fingers to different parts of the face very accurately. The urine is ammoniacal; it contains no albumen or pus. There is, however, considerable paresis of the bladder, the urine constantly dribbling. There are no tremors and no rigidity of the legs; no bedsore or other trophic lesion.

As to the diagnosis in this case. Myelitis in the upper part of the lumbar enlargement would account for the bladder trouble and for the increase of the reflexes below the cremasteric. But this is excluded by the great predominance of the irritative phenomena, and by the very gradual onset of the paresis (two years and a half). The increase of the reflexes was observed before the paresis appeared. Meningo-myelitis or pacchymeningitis with secondary implication of the cord would explain all the irritative phenomena, and by involving the postero-external and lateral columns would account for the ataxic and paretic symptoms. The pupil symptoms would, however, remain to be accounted for. All the symptoms are explained on the supposition that the case is one of combined primary sclerosis of both postero-external and lateral columns. At first the symptoms were those of locomotor ataxy—double sciatica, ataxic gait, and Romberg symptom; then symptoms indicative of implication of the lateral columns, increase of reflexes, spasmodic jerkings, and paresis. The paralysis of the bladder is a point against the above diagnosis, for a moderate degree only of incontinence is observed in tabes, complete paralysis being rare, while in lateral sclerosis bladder symptoms are much less frequently present than in tabes. Charcot insists that double sciatica is always symptomatic, and that its causes are spinal diseases—e.g., locomotor ataxy and meningo-myelitis, diabetes, cancerous disease of the spine causing pressure on the nerves, and disease of the nerves themselves. Westphal reported five cases of this affection in the *Archiv für Psychiatrie* (vols. viii. and ix.). He believes that the lesion does not spread directly from the posterior to the lateral columns, but that the lesions of the two columns are independent. From his cases he concludes that when the lateral columns are affected the symptoms of ataxia are replaced by those of paresis, and not by contracture. In my case no rigidity is present.

CASE IN WHICH A LOUD SPLASHING SOUND WAS PRODUCED SYNCHRONOUSLY WITH CARDIAC ACTION.[1]

BY WILLIAM RUSSELL, M.D., M.R.C.P.E.,
LECTURER ON PATHOLOGY IN THE SCHOOL OF MEDICINE, EDINBURGH; PHYSICIAN TO THE NEW TOWN DISPENSARY, ETC.;
AND
J. CORMACK SMITH, M.B., C.M.,
PHYSICIAN TO THE COWGATE DISPENSARY.

MR. B——, aged twenty-four, a student of medicine, called on Dr. Cormack Smith, of Abbey-hill, on the evening of June 14th, 1885, complaining of pain in the præcordial region and in the region of the left scapula, not extending below its angle, and also of pain in the left arm as far as the elbow. The pain was "numb" in character. In addition, there was a feeling of constriction at the præcordia, and inspiration was so painful that only "half breaths" could be taken. The pain had come on suddenly after dinner, the dinner hour having been 4 P.M. It was so acute that he went and lay down, and he had no sooner done so than the sound to which we shall have specially to refer became audible to himself. The stomach had been out of order for some days previously; there had been an absence of the normal relish for food, and the bowels had been confined. He had never had any illness of importance, and there was no rheumatic history and no history of special injury, although he had had a somewhat severe fall from his bicycle a few years before. There is, however, one interesting point in the history. Three years ago, during the night, a friend who shared his bed was awakened by a noise evidently proceeding from our patient's inside. Becoming alarmed, he roused his friend, and he, with his medical knowledge, referred the sound to his heart, as it was synchronous with its pulsation. It was not accompanied by pain, and in the morning the sound had disappeared. He was quite satisfied that the sound at that time resembled exactly that which we shall presently describe. The only explanation he could offer as a possible cause was that he had walked very rapidly from South Queensferry the previous day.

When Dr. Smith first saw him the pulse was 84, and the temperature was slightly raised, but had fallen to normal the following day. He was kept in bed. On June 21st he was seen by both of us, and we took the following notes of his case. The pulse was 64, regular, small, and thready, readily compressed and obliterated. There was no albumen

[1] Read before the Edinburgh Medico-Chirurgical Society.

in the urine. The tongue was furred and the stomach somewhat dilated. When lying on his back a venous pulse was visible above the inner end of the right clavicle, also over the inner end of the left, although less pronounced here than on the right side; there was also supra-sternal pulsation, and pulsation in the upper and outer part of both infra-clavicular regions. The thorax was well formed; both sides moved with respiration, the right slightly more so than the left. The faintest cardiac impulse was perceptible over the præcordia. The hepatic dulness began at the fifth rib. The left nipple was on the fourth rib. Cardiac dulness extended on the left side in the second space for 1½ in. from midsternum, in the third for 2½ in. in the fourth for 3½ in. In the third and fourth right spaces it extended for 2½ in. from mid-sternum. From the fifth to the seventh left rib the percussion-note was more resonant than above that, while below that limit the tympanitic note of the stomach was obtained. In the fourth left space, just within the nipple line, a typical cracked pot sound was elicited by sharp percussion, and was invariably accompanied by an acute pain. Pain was also produced by pressing deeply in this interspace. On auscultation there was a distinct friction sound, synchronous with the action of the heart, and audible over the entire sternum, also over the area of cardiac dulness in the second, third, and fourth left spaces. In the fifth left space, a little within the nipple line, a friction sound was heard intermittently, only during inspiration, but occasionally accompanied by a distinct splash. Towards the site of the cardiac apex a friction sound was present during rather deep inspiration, and influenced by the cardiac action. The second sound was accentuated in both the pulmonary and aortic areas. The foregoing was the result of an examination when the patient lay on his back. He was then turned towards the left side. In this altered position there was visible pulsation in the fourth left space from the nipple line, somewhat inwards, and there was at once developed a sound which was so loud as to be audible at the distance of at least six feet from the bedside. The sound was rhythmical, metallic in character, and somewhat splashing or flopping, not unlike the sound produced by water dropping into a cistern. It was synchronous with cardiac systole. During the sound a limited part of the fourth space bulged, and on its subsidence the interspace faintly vibrated. On auscultation over this spot, the sound was evidently produced immediately under the stethoscope, and was found to be present during both cardiac systole and diastole, and accompanying it was a friction sound, which, however, gave the impression of being distinct from it. The sound, although difficult to describe, was evidently produced by the presence of air and fluid at the site indicated. On palpation the sound could be felt, and entirely gave the impression of being produced under the hand and within an area not larger than a florin. When the patient turned somewhat more on his face the sound disappeared. It is further to be noted that the patient had the power of inducing, or arresting, or modifying the sound within certain limits by apparently allowing the lower part of the thorax and the diaphragm more or less play. He could also occasionally produce a distinct splash by a rotatory jerk of the body when lying down. The assumption of the erect posture often, indeed, as a rule, led to the cessation of the sound.

These are the facts as accurately and fully as they appeared to us; and the question presents itself, How are they to be explained? We begin with the hypothesis that the abnormal sound was produced in a cavity containing air and fluid, and that these were set in sufficient motion to produce sound by the shock both of the cardiac systole and the cardiac diastole. But we may go further, and say that this cavity had an opening, as evidenced by the cracked pot sound elicited by percussion. The question next arises, Where was this fluid and air? It might be in the pericardium, but there appear to us insuperable difficulties to the acceptance of this view. The effect of change of posture is of moment. The sound was produced when the heart was allowed by the position occupied to come into closer relations with the chest wall; and it must be remembered the sound could be *felt* over a very localised area. Had the air been free in the pericardial sac, the position of the patient on his side would have displaced it in a direction which would have tended to diminish rather than to increase its intensity, if not entirely to obliterate it. Further, to explain the cracked pot sound, it would be necessary to assume an opening between the respiratory organs or a hollow organ in the abdomen and the pericardial sac, and that the fluid and air were confined to one part of the sac—that, in fact, it should be encysted, and therefore incapable of displacement by the position of the heart. Equal difficulties surround the attempt to locate the cavity in the pleura or in the lung. There was an entire absence of evidence of antecedent lung mischief, and beyond the pain on inspiration and the pleural friction there was none at the time he was under observation; he did not even have a cough. The next question which presents itself is, Was the sound produced by the action of the heart against a dilated stomach? There is no doubt the stomach was dilated, but this will not explain the evident production of the sound at a point readily appreciable by touch, and so evidently localised. It, further, does not explain the cracked pot sound.

All of these views are to us unsatisfactory, if not untenable. Returning to the hypothesis of a cavity with air and fluid and an opening, we can only explain the phenomena by assuming the presence of a diverticulum from or a hernia of the stomach or large intestine through the diaphragm. By granting this, all the facts are readily understood, and the case would present itself thus: an initial gastric catarrh with dilatation leading to a similar condition of the diverticulum; the retention of air and fluid in it, possibly from a degree of swelling of the mucous membrane at its mouth; while the production of the cracked pot sound by sharp percussion, the finger being pressed deeply and firmly into the interspace, would result from the obstruction at its mouth being still capable of being overcome, although not without causing the patient acute pain. The splashing sound developed by the change of position would thus be due to the heart falling forwards against the cavity; its disappearance as the patient turned more on his face would be the result of the obliteration of the cavity by the weight of the heart. The influence of respiration and of certain voluntary muscular efforts would be due to the position of the diaphragm, and therefore of the diverticulum or hernia which it held. The pleural and pericardial friction would be the result of an irritation originating around the cavity, and gradually spreading outwards and upwards from it. Whether the condition which we have assumed be congenital or acquired we are not at present prepared to hazard an opinion on. The sound was present for nearly two weeks, and its cessation was somewhat sudden. We asked Dr. Bramwell and Dr. Gibson to see the patient, as they are interested in cardiac curiosities, but this was delayed too long, for the sound had not been heard for a day or two before their visit, and had not returned.

THE RATIONAL METHOD OF TREATMENT OF HYDROPHOBIA.

BY SURG.-MAJOR G. C. ROY, M.D., F.R.C.S. LOND.,
CIVIL SURGEON, BERRBHOOM.

THE abortive treatment of hydrophobia discovered by M. Pasteur, if confirmed by subsequent experiments and trials, will confer a boon on mankind not inferior to that of Jenner. It will eliminate from our category of death one fell disease that has hitherto defied the skill of surgeons and physicians alike. The master mind has deducted the result from analogical reasoning, and we are wellnigh in the path of success, though the goal seems to be a little distant. The inoculation of the cultured virus is supposed to give the same protection as vaccination to small-pox, and aborts the real attack of rabies. Unlike many other poisons, the incubative period of rabies is long in its manifestation, and gives sufficient time for inoculation to mature itself and overtake the disease before its development in the system. Hence a man bitten by a mad dog, if inoculated with the cultured virus in the preliminary stage of the disease, is said to enjoy immunity from subsequent attack. M. Pasteur has verified his reasoning by experiment on animals, which, though bitten by mad dogs, did not show any symptom of the disease after inoculation. But inasmuch as all bites are not necessarily attended with fatal consequences, the profession has been sceptical in accepting the theory, and has explained the immunity as a lucky and fortuitous event. However, it seems to be a question of time before the truth will come home to the world and be accepted as a recognised remedy. But it will

not be the lot of the generality of patients to have a laboratory close at hand, and if by chance the bite is overlooked, and the disease actually gains its ascendancy in the blood, have we got any medicine in our Pharmacopœia on which the slightest reliance can be placed for treatment? The sad confession in the weakness of our resources will then be manifest, and, while brooding over our failures, it struck me that Nature could not be so improvident and callous as to leave us so thoroughly helpless and unprotected.

Starting from the acknowledged action of hydrophobic poison on the blood, can we not find another poison that has just an opposite virtue and likely to neutralise its effect? We have in the animal kingdom two deadly poisons, which differ entirely from each other in their physiological action. Thus, whilst the poison of snake-bite acts with the rapidity of an electric current, that of hydrophobia takes a long incubative period to mature itself. The effect of both is on the cerebro-spinal system, chiefly the medulla. Rabies produces death by causing spasm of the respiratory centres; snake-poison, paralysis. One causes hyperæsthesia of the cutaneous nerves; the other, numbness. One gives rise to excitement of the brain and furious delirium; the other, coma. In every detail, therefore, of its action, one is in physiological opposition to the other, and, applying the law of contraries, it stands to reason that the effect of one should neutralise the other in the system. Just in the same way as opium and belladonna, being two deadly poisons, their antagonistic virtue was discovered simply on the observance of their different effect on the pupils.

The suggestion may startle the readers as a bold and dangerous practice, but a deadly disease requires a deadly remedy, and we are apt to forget that in the whole range of therapeutics the most potent remedies are the most deadly poisons. But though poisons in ordinary doses, the attenuation of the quantity by dilution may yet bring them within the range of remedial measures. It is known that a snake-bite which is not effective to be fatal simply produces a deleterious effect, the symptoms varying in proportion to the quantity of the poison injected into the system. A smaller dose therefore would produce the physiological effect, instead of bringing on death and destruction. We have, consequently, to hit upon the happy medium, and this can be worked out satisfactorily by observing that a good bite of cobra instils ten to fifteen drops of the poison into the tissues. One drop diluted with glycerine and injected subcutaneously, and repeated every two hours according to the symptoms observed, affords a rational presumption for success in the treatment of hydrophobia: thus—snake-poison, twenty-four minims; glycerine, half an ounce; ten drops to be injected every two hours under the skin.

All the improvements in medical science in former days were deduced from empiricism. In fact, few remedies were discovered on rational philosophy. I have, on rational principle, suggested the treatment to which I would earnestly solicit the profession to give a trial, for it falls to the lot of few to treat one case of hydrophobia from one year's end to the other, and unless the co-operation of brother practitioners be accorded, our life is too short to enable us to establish one single truth in a generation. Cobra poison is plentiful in the rains in India, and, diluted with glycerine, it will keep its virtue intact for a year. I shall be glad to supply the mixture in August next to those who kindly feel disposed to put the method to the test.

SANTONIN IN AMENORRHŒA.

By AMAND ROUTH, M.D., B.S., M.R.C.P.,
ASSISTANT-PHYSICIAN TO CHARING-CROSS HOSPITAL, AND PHYSICIAN TO THE SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.

BELIEVING that the re-establishment of the catamenia in cases of amenorrhœa with constitutional disease (especially chlorosis) is helpful in restoring the patient to health, and knowing also that general remedies may be some months in producing that result, I have tried santonin, as suggested by Mr. Walter Whitehead (THE LANCET, Sept. 5th, 1885)—viz., ten grains of powdered santonin to be taken on two consecutive nights. I omitted, however, the morning saline purge, wishing to avoid possible sources of error. I have tried the drug in twenty cases of amenorrhœa, thirteen of which were associated with anæmia or chlorosis, and failed completely in seventeen. In all, restlessness, yellow vision, and discoloured urine followed the use of the drug. The following four cases are of interest:—

CASE 1.—Harriet V——, aged eighteen; plethoric and epileptic; has never menstruated. Eight hours after taking the first powder, violent colic with diarrhœa came on, with an unusually severe epileptic fit, during which the menstrual flow appeared, and continued painlessly for four days. She has not menstruated since (three months and a half), but has had one fit.

CASE 2.—Alice K——, aged nineteen; chlorosis; has never menstruated; much ovarian tenderness; slight leucorrhœa. After the two powders a profuse leucorrhœal discharge ensued, lasting six days, with much uterine colic, but no catamenia. Patient is now quite well and regular, after two months and a half of treatment with iron, arsenic, salines, and aloetic purgation.

CASE 3.—Annie B——, aged twenty-one; chlorosis; amenorrhœa three years. The powders produced no effect, but two weeks afterwards three grains of permanganate of potash, with kaolin in sufficient quantity, in form of pill, and taken three times a day after meals, brought on the flow after taking twelve pills. Patient is now nearly cured with the usual remedies.

CASE 4.—Mary E. R——, aged twenty-four; quite healthy; catamenia overdue eight days, though usually regular, and patient is to be married in six days. Catamenia came on during the night after one powder, and for the first time in her life painlessly, lasting the usual four days.

Remarks.—My twenty cases seem to indicate that santonin, as a direct emmenagogue, is useless in amenorrhœa associated with chlorosis, in which cases I have often found permanganate of potash useful. In healthy, or full-blooded women, santonin seems to have some power in starting a uterine flow, and apparently without causing much pain. Its mode of action, however, is quite unknown in this respect, and it seems not likely therefore to be much employed in gynæcological therapeutics.

NOTE ON THE QUESTION OF THE

POISONOUS PROPERTIES OF THE SALTS OF COPPER.

By CHARLES H. PIESSE, F.I.C., M.R.C.S.,
PUBLIC ANALYST.

THE important question as to whether the compounds of copper are poisonous or not has been recently investigated by M. Dumoulin, Professor of Toxicology in the University of Ghent. A report of the paper he read on the subject before the Belgian Academy of Medicine appeared in the *Semaine Médicale* of the 2nd ult., of which the following is an abstract:—"His first experiments were made on rabbits and dogs, to which he administered doses varying from four to six grammes (sixty-two to ninety-three grains) of copper-sulphate; in no case was the effect serious; the whole of the animals bore perfectly well the ingestion of the copper salts. He next tried the subacetate (verdigris) upon the same class of animals; they vomited at first, but after the administration of further doses the vomiting ceased, and they bore daily doses of the salt during a period varying from six weeks to one year. The carbonate, the oxide, and the oleopalmitate, of which doses varying from seven to fifteen grains were administered, gave equally negative results, the last-named compound being borne with the greatest ease. Toussaint and several German writers had administered to human beings doses rising to seventeen grammes (263 grains) daily of salts of copper without disturbance. It happened that one of the dogs experimented upon by M. Dumoulin was suffering from impetigo. He noticed that the disease disappeared, and attributed the cure to the copper salt. He therefore in the same way treated some children suffering from impetiginous eruption of the face and scalp, and without accident cured the eruption. He then successfully extended the treatment to all forms of scrofulous symptoms, to various superficial skin diseases, ophthalmias, &c. He has now under treatment some scrofulous children aged about five or six years, to whom he administers about one grain of copper sulphate daily, with the result that the

manifestations of the diathesis are disappearing. Lastly, he has treated croup, and cured it by the administration of a potion containing from seven to ten grains of copper sulphate taken in teaspoonful doses every half hour till vomiting occurred, then every two hours. In this way about forty grains of copper sulphate have been taken without the least inconvenience, though that quantity should be considered serious to a young child. Brouardel declared long ago that preserves in general, vegetables, &c., greened by a salt of copper, are not in the least dangerous."

The *Analyst* for the current month contains a report of the Proceedings of the American Society of Public Analysts, in which the following paragraph appears: "Dr. Bartley spoke of a case of unmistakable copper-poisoning which occurred in Brooklyn last spring from eating pickles coloured with copper. The victim was a child, who was suddenly seized with severe dysentery and inflammation of the colon. A portion of the pickle eaten by the child was found to contain copper."

Some years ago several samples of canned green peas submitted to me for analysis were found to contain copper, probably in the form of an albumen compound, and were reported by me to be adulterated with some material—to wit, some compound of copper—which would, in my opinion, be likely to prove injurious to the health of persons eating the peas. The Board of Works for the Strand District summoned the vendors for infringing the Act now known as the Sale of Food and Drugs Act. The opinion expressed in my certificates was supported at the hearing of the case by several eminent medical men, including Dr. Tidy and the late Dr. Guy, but was opposed by Dr. Pavy. The Court, however, decided in favour of the Board, since which time the sale of preserved foods tinted green with copper salts has practically been completely suppressed throughout the entire kingdom. The amount of copper varied in the different samples, being equivalent to about two to eight grains of sulphate of copper per pound. The accuracy of the hitherto received opinion, that copper compounds are poisonous, has by M. Dumoulin's experiments been severely shaken, and certainly this question demands further investigation. Wormley, in the "Micro-Chemistry of Poisons" (p. 375), says that "numerous instances are recorded of accidental poisoning by preparations of copper," and also that "the compounds of copper when taken in large doses, or in frequently repeated small doses, are all more or less poisonous." Hence, it would seem from reported cases that though copper salts may not be poisonous, in the generally accepted meaning of that word, yet that the predisposition for poisoning by them is far more common than might be anticipated in the compounds of what is now asserted to be a really non-poisonous element.

Strand, W.C.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

MIDDLESEX HOSPITAL.

THREE CASES OF UTERINE FIBRO-MYOMA; TWO REMOVED BY ABDOMINAL SECTION, AND ONE TREATED BY THE ADMINISTRATION OF ERGOTINE.

(Under the care of Mr. HENRY MORRIS.)

THE operation for the removal of uterine fibro-myomata of large size by abdominal section has, during the last few years, been somewhat frequently performed, and the operation is now a well-recognised one, although the mortality is still high. It is an operation which the surgeon will always undertake with a certain amount of anxiety, for until the tumour has been actually inspected it is almost impossible to be confident that the operation can be completed by the removal of the growth. The adhesions may be numerous and dense, or the pelvic portion too large to permit of the application of a clamp below the tumour. The reasons which chiefly influence a surgeon in the performance of the operation are, briefly, rapid growth of the tumour, persistent and severe pain, or severe and uncontrollable hæmorrhage from the uterus. Cases 1 and 2 are examples of the removal of the tumour and greater part of the uterus with the ovaries, and Case 3 of the successful treatment of a tumour by means of ergotine. For the notes of the cases we are indebted to Mr. W. Roger Williams, surgical registrar.

CASE 1. *Removal of the uterus and its appendages, with the tumour, by abdominal section; recovery.*—A tall, spare, healthy-looking, unmarried lady, aged forty-one, was brought to Mr. Morris, on May 20th, by Dr. John Waters of Bloomsbury-square. The abdomen was then greatly distended by a large tumour, which felt elastic, but did not fluctuate. The greatest prominence was on the right side, and there was dulness on percussion over the whole tumour. Vaginal examination afforded only negative information. She complained of a dragging sensation caused by the size and weight of the tumour, and of dyspnœa and faintness on making any exertion. The patient was very desirous to get rid of the tumour on account of the unsightly abdominal protuberance. She said she first noticed slight swelling in the right iliac region about eight years ago, which has since increased to the present size. The catamenia, previously regular, have lately been excessive. On June 30th, with the assistance of Mr. Pearce Gould, Dr. Waters, and Mr. Norton, who administered the anæsthetic, Mr. Morris removed the uterus and appendages, with the tumour, by abdominal section. Tait's clamp was applied to the neck of the uterus immediately above the vagina, and the pedicle thus secured was fixed in the wound. Very little blood was lost during the operation. The tumour removed weighed a little over ten pounds and a half; it was a soft fibro-cystic myoma. The cysts were small, and the softness of the tumour was due rather to the looseness of its texture than to the size and number of the contained cysts. Its bloodvessels, especially the veins, were of great size. The subsequent progress of the patient was uninterruptedly good. The clamp came away on the thirteenth day. The ligatures applied to the uterine vessels were discharged through the external wound about a week later. The patient left London for the seaside, convalescent, at the end of the fifth week after the operation. She is now quite well.

CASE 2. *Removal of the uterus and its appendages, with the tumour, by abdominal section; death from shock; foreign body retained in vagina for three years.*—This patient, a single woman, aged forty-one, was admitted on April 6th, 1885. She was moderately nourished and of dark complexion. The abdomen presented considerable uniform distension; at the level of the umbilicus its circumference was thirty-two inches. On palpation, a smoothly rounded and very elastic swelling was felt, which was slightly movable. There was no fluctuation. On percussion in the middle line of the front of the abdomen, dulness extended from the symphysis pubis to about two inches above the umbilicus. Laterally, the upper limit of the dulness did not reach quite so high. Both loins were resonant. There was œdema of the left leg and foot. The catamenia were profuse and painful. Beyond this and its bulk the tumour caused no inconvenience. On vaginal examination the os uteri was found to be high up and out of reach. At the upper part of the vagina some foreign bodies were felt. The patient said she introduced these three years previously to relieve displacement of the womb, from which a doctor told her she suffered. Subsequently, with a long forceps, a glazed earthenware candle extinguisher and several large pieces of cork were extracted. About seven months ago she first noticed slight abdominal enlargement through her dresses getting too small. She could not localise this primary swelling. During the last two months the circumference of the abdomen had increased by four inches. No injury or other known cause for the disease. Œdema of the left leg was first noticed six weeks ago. The catamenia, which commenced when she was fourteen, continued normal until this illness began, since which they had been profuse and of late painful. She had never had any difficulty in micturition; bowels usually constipated. Previous health indifferent. When three years old the left cornea ulcerated. The seat of the disease was now marked by leucoma, synechia, and capsular opacity. She had been living very badly, substituting ever since the age of sixteen, to some extent, stimulants for food (so her friends stated). She had been subject to palpitation of the heart and faintness. She had never had rheumatic fever. Fifteen years ago she had a severe illness, which her doctor said was dropsy and renal disease; ten years ago she had another similar attack. Four

years ago, she says, she had "inflammation of the brain." No history of cancer, tumour, or phthisis in the family. At 9.15 A.M. on June 17th, the patient's condition being much the same as on admission, an incision a few inches long was first made in the median line of the front of the abdomen, midway between the symphysis and umbilicus. This exposed the tumour covered with adherent peritoneum. The tumour was not free in the abdomen, but was held back against the posterior wall of the abdomen and pelvis by the peritoneum, which left only its front and sides free. The incision was prolonged upwards and downwards, and a large trocar was thrust into the tumour at a spot which felt very elastic, but no fluid, except a little blood, escaped. The incision was further lengthened, upwards nearly to the xiphoid cartilage, downwards nearly to the symphysis. The bladder was carefully avoided. The peritoneum was next stripped off the front and sides of the tumour, and the tumour was then raised out of the abdomen. On each side of it bloodvessels were seen, the size of a little finger. These were ligatured with stout silk. Kœberlé's serre-nœud was passed round the base of the tumour; when it was screwed up the wire broke. Tait's clamp was then applied, and the tumour was quickly cut away. No sooner was this done than the clamp slipped. There was sudden profuse hæmorrhage from half-a-dozen large vessels. These were quickly seized with fingers, forceps, &c., and finally tied with silk ligatures. Tait's clamp was reapplied to the pedicle, which was secured thus in the wound. The loss of blood was not excessive. The peritoneum was sponged out, and the wound closed with superficial and deep sutures in the usual way. Boracic charpie was used for dressing the wound, with strapping and an abdominal binder; carbolic lotion for the hands, instruments, and sponges. The tumour removed was a large, elastic, encapsuled fibro-myoma of the cervix uteri. It was about the size of a child's head, and weighed 7 lb. 4 oz. The uterus and its appendages were adherent to it. The former was but little altered; both ovaries were normal; there were a few small cysts in each broad ligament. The day after the operation she was in a state of collapse—cold and clammy. Soon vomiting supervened: she died thus forty hours after the operation. At the necropsy, made by Dr. Fowler eight hours after death, a few ounces of blood-stained fluid were found in the peritoneal cavity, and there was extensive retro-peritoneal ecchymosis, especially about the pelvis; this was due to the detachment of the peritoneum, and was beneath the detached portions of the membrane, which were lying smoothly in place in the abdominal cavity. The vagina was intact. All that remained of the uterus was the portio vaginalis. The ureters were uninjured; both were slightly dilated. Both kidneys showed a moderate degree of sacculation; the renal substance was hard and pale. Spleen small and pale. Liver normal. Old pleuritic adhesions over both lungs. Bronchi contained frothy mucus; their mucous membrane congested. Lungs œdematous. Heart small; the muscular substance pale and soft; the valves normal. The stomach was exceedingly thin.

CASE 3. *Uterine fibro-myoma causing retention of urine, treated with ergotine; recovery.*—In September, 1882, Mr. Morris was asked by a medical man to see a patient in great distress from retention of urine, caused by an abdominal tumour. The patient was unmarried, and about forty years old. When first seen the abdomen was greatly distended, and she was suffering severe pain from unrelieved retention of urine of several hours' duration. There was no difficulty in introducing an elastic catheter into the bladder, when about three pints of urine were drawn off. She was then greatly relieved. On examination a large abdominal tumour was felt, which was diagnosed as a fibro-myoma of the uterus. The abdominal tumour was of several years' duration, and she had previously experienced several attacks of retention of urine. Beyond this, and inconvenience from the size of the abdominal enlargement, she had suffered little. She came to London from Australia, with the intention of having the tumour removed by operation. But as the menopause was approaching, and there was no uterine hæmorrhage, Mr. Morris dissuaded her from this, and gave her ergot. She subsequently consulted Sir Spencer Wells, and the ergot was discontinued. She next came under the care of Dr. Moore of Cavan, who wrote to Mr. Morris asking his opinion on the case. In reply, Mr. Morris urged the continuance of the ergot treatment, which was in accord with Dr. Moore's wishes, and accordingly it was thoroughly tried. For four months she took a pill containing one grain of ergotine three times daily; then she took one drachm of extract of ergotine daily for another four months. At the end of this time the tumour had very much diminished. The ergot medicines were, however, not given up, but had been continued up to September, 1885, when Mr. Morris again saw and examined the patient in London. She was then in excellent health, and the abdominal prominence had completely disappeared. On deep pressure over the hypogastrium a small hard lump was felt. On vaginal examination the uterus was found heavier and larger than normal. In a letter to Mr. Morris, Dr. Moore said he was sure the disease was starved out in the patient. He had had three other similar cases, and now after a lapse of ten years there had been no return of the tumours, and the patients are now in perfect health.

GENERAL HOSPITAL, WOLVERHAMPTON.

ACUTE INTUSSUSCEPTION; INFLATION AND INJECTION OF BOWEL; RECOVERY.

(Under the care of Mr. F. E. MANBY.)

FOR the following notes we are indebted to Mr. J. W. Batterham, B.S., F.R.C.S., house-surgeon.

Benjamin H——, aged five years, was admitted at 3.30 P.M. on Feb. 8th, 1885. His mother said that the child was quite well till an hour before admission, when he was suddenly seized with violent pain in the abdomen. Soon afterwards he wanted to go to stool, and there he passed "a teacupful of blood" from the bowels. Alarmed by this occurrence, the mother immediately brought the child to the hospital.

On admission, the little patient, a well-nourished and apparently healthy child, lay in bed on his right side, with his legs drawn up, pressing his abdomen with both hands just above the umbilicus, where he complained of great pain and tenderness. On abdominal palpation a tumour of elastic feel was discovered. Its shape was, roughly, that of a cylinder, 5 in. long by 2 in. in diameter, bent upon itself at an angle of 120°. Commencing at the level of the right crista ilii, it could be traced upwards along the line dividing the right lumbar from the umbilical region till it bent round the umbilicus, and ended an inch and a half above and to the left of it. The tumour could be moved laterally over an area of about two inches, but allowed of no movement in a vertical direction.

After admission the patient vomited some semi-digested farinaceous food. At 5.30 P.M. the patient was put under chloroform, and the large bowel was inflated with air. This producing no sensible effect on the tumour, olive oil was injected until the colon was seen and felt to be largely distended. By this means the tumour was reduced to three inches in length and confined to the right lumbar region. Further injection being thought unadvisable, the patient was returned to bed, belladonna fomentations being applied to his abdomen. At 8.30 P.M. the tumour was found to be only an inch and a half in length, and to occupy the lower part of the right iliac region. As it was being examined it was felt to slip from beneath the fingers, communicating a sensation similar to that experienced on the reduction of a hernia. No trace of the tumour could then be found.

On the next day the patient appeared cheerful, was no longer pallid, and had no abdominal pain or tenderness. Oil and fæces were passed per anum. There was no blood in the stools. No vomiting had occurred since the previous afternoon.

The patient was kept in bed on low diet for a few days, and discharged quite well on February 8th.

FRACTURE (?) OF THYROID CARTILAGE; LARYNGOTOMY; RECOVERY.

James W——, aged sixty-four, was admitted under the care of Mr. Manby, on the morning of June 18th, 1885. On the evening of the 15th the patient awoke from an alarming dream, and, springing out of bed, fell and struck the front of his neck against the sharp edge of a chairback. He stated that "the lump in the middle of the neck" (pomum Adami) was "driven in" and that he was almost suffocated, but ultimately succeeded in drawing "the lump" back into position with his thumb and forefinger.

On admission, he complained of increasing dyspnœa (which was "worse at times"), dysphagia, and slight cough, with expectoration of blood-stained mucus. On examina-

tion of the patient's neck, the larynx was found to be median in position. Considerable swelling and ecchymosis were visible over the right side of the thyroid cartilage, the ecchymosis extending across the middle line at the level of the crico-thyroid membrane. No pain was complained of on handling the hyoid bone. Manipulation of the larynx was painful, but elicited no crepitus. Laryngoscopic examination (which was difficult by reason of dyspnœa) revealed no œdema glottidis, nor was any obstruction seen between the vocal cords. The latter were congested, and the right cord was a little nearer the middle line than the left. The patient's voice was hoarse and his respiration laboured; both inspiration and expiration were noisy. The lower intercostal spaces receded with inspiration.

An hour after admission the patient, who had been put to bed in a warm ward, was seized with an attack of urgent dyspnœa, and became intensely cyanosed. Laryngotomy was immediately performed, without an anæsthetic, and a Fuller's bivalve tube introduced. The patient was placed in a steam tent, and the dyspnœa was markedly relieved.

The further progress of the case is shown by the following notes from the bed-card:—June 19th: Passed a good night; respirations 20; muco-purulent expectoration through the tube.—20th: Pulse 76, regular, of good volume and force; respirations 22; liquids are swallowed readily. The swelling on the right side of the larynx is diminishing. The tube was removed at midday, forty-eight hours after its introduction. He can breathe well through the wound, but cannot bear it closed.—21st: The cough is less; can breathe a little when the wound is closed.—23rd: Swallows solid food without much difficulty; breathes easily through the glottis; edges of wound drawn together with strapping; steam kettle discontinued.—24th: The patient gets up and walks about the ward.—July 1st: The wound was quite healed, and the patient discharged.

Remarks by Mr. J. W. BATTERHAM.—It is difficult in some cases to diagnose accurately the lesion produced by a blow on the larynx. The only symptom of fracture of the cartilages not present in mere contusion is crepitus, and this is not appreciable in all cases. The reasons that would lead us in this instance to suspect fracture are the age of the patient and the violent nature of the injury. In addition to the fact that all the eleven cases of fracture of the cricoid cartilage reported in Holmes's System were fatal, the position of the external marks of violence render it probable that the thyroid cartilage was the site of the lesion.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Sarcoma of the Tongue.—Malignant Disease of the Œsophagus.—Joint Disease in Animals.—New Growths in Heart and Viscera.—Tubercular Exfoliating Cystitis.—Aneurysm of Mitral Valve.

THE annual general meeting of this Society was held last Tuesday, Dr. J. S. Bristowe, F.R.S., President, in the chair.

Mr. F. EVE showed two specimens of Sarcoma of the Tongue. The first was a Hunterian specimen, at least 100 years old. It was a rounded tumour, situate in the left side of the base of the tongue, and directly continuous with the subjacent structures; the mucous membrane over it was slightly altered. The tumour contained wavy fibrous tissue at the base, and above this groups of clear round cells. Many dilated lymphatic sinuses were to be seen in the deep layers of the mucosa. The tumour was probably a fibro-sarcoma; it had some resemblances to the case recently exhibited by Mr. Jonathan Hutchinson as a lympho-sarcoma. The second specimen was a distinctly encapsuled tumour, and consisted of fibrous tissue, with spindle and round cells.

Dr. PRICE showed a specimen of Carcinoma of the Œsophagus, taken from a man aged fifty-seven, who had suffered from dysphagia for eight months. He complained of pain in the back. The cervical glands were enlarged, and especially in the left posterior triangle of the neck. Temporary œdema of the left upper limb was also noticed, probably due to obstruction of the left innominate vein. The superior mediastinum contained a large mass of new growth, that surrounded the aorta and spread upwards into the root of the neck, involving various structures. A sloughy-looking ulcer on the level of the bifurcation of the trachea was found in the œsophagus, and there were two openings leading into the submucosa. There was a secondary nodule in the liver. The extensive affection of the glands of the neck and left axilla was remarkable.—Mr. CHARTERS SYMONDS made some remarks on the tube worn by the man, and thought that the second opening in the submucosa might equally well have been caused by ulceration as by the tube.

Mr. J. B. SUTTON read a paper on Injuries and Diseases of Joints in Animals. Dislocations of joints were very rare in animals, and but few cases were on record. An example of old unreduced dislocation of the hip-joint in a cat was exhibited, and also the epiphysis of the head of a femur taken from a two-year-old horse. The latter specimen was singular, for after the accident the horse walked without betraying any evidence of lameness, but when trotted always limped; it lived for many months. At the autopsy the epiphysis was found quite separate, and all movement had taken place between the neck of the femur and the epiphysis, which had in consequence become eburnated and smooth. A specimen of pulpy degeneration of the knee-joint from a capeybara was exhibited, and reference was made to a case of Pott's disease in a monkey. Of all forms of joint disease, none were so frequent, so ancient, or zoologically so widely distributed, as osteo-arthritis. Specimens illustrating the affection were shown in the vertebral column of a snake, llama, and a horse, and in the knee-joint of an antelope. Specimens in the museum of the College of Surgeons proclaimed the disease in an ostrich, white bear, and lion. The affection had been seen in cats and dogs. In the museum of Trinity College, Dublin, is a skeleton of the extinct megaceros said by competent observers to present traces of this affection. A curious symptom associated with this form of joint disease in animals, and probably in human beings, was the early fall of the teeth, due to abnormal absorption of the alveolus. Paraplegia caused by disease, affecting the spinal column was very frequent in animals, some of the cases possessed considerable interest. In rickets paraplegia arose from two causes; in very young animals, from actual softening of the bone, causing the vertebræ to yield under the weight of the body. If rickets affected an animal at puberty, the epiphysial lines of the vertebræ bulge and compress the cord, as by a series of tumours. An interesting case occurred in a tiger that had received an injury to the atlas six years before. The fracture never repaired, except by fibrous tissue, but exuberant callus and the gradual yielding of the transverse ligament allowed the odontoid process slowly to compress the medulla, and produced complete paraplegia. An example of dislocated atlas that produced paraplegia in an ichneumon was also exhibited, and also a case of paraplegia produced by disease of the cord in a civet cat; it was associated with sclerosis of the nerves of the limbs, and with a typical perforating ulcer on the fore-paw. These investigations went to show that there were few diseases of joints peculiar to man, gout being probably wholly human.—Dr. NORMAN MOORE had not seen any compression of the spinal cord in cases of human rickets. He referred to a form of paraplegia to be observed in dogs after distemper; it resembled the weakness of the legs, such as might be seen in diphtheritic paralysis.—Dr. GOODHART inquired whether there was any new growth about the perforating ulcer of the cat's paw.—Dr. DAWSON WILLIAMS said that stringhalt had recently been attributed to peripheral neuritis, and inquired whether Mr. Sutton could state the condition of the nerves in his cases.—Mr. J. B. SUTTON said that in man the epiphysial plates were very slight as compared with those of some animals, and so compression of the cord from overgrowth was not likely to occur in rickety children. On the other hand, mere softening of the vertebræ might, even in human beings, cause paraplegia. He would examine the thick rim of the perforating ulcer for new growth. "Stringhalt" was a term that covered a whole group of anomalous symptoms, and we had the clue to but one in the cases of osteo-arthritis; sometimes it was due to disseminated sclerosis; it had resemblances with chorea, which Mr. Horsley had recently shown in the dog to be due to disseminated sclerosis.

Dr. NORMAN MOORE showed specimens of Cancer of the Heart. The first case was that of a man aged forty-one, who died after an illness of five months. The heart contained several masses of a firm whitish new growth embedded in its substance, and extending from the pericardium to the endocardium. The largest mass was in the anterior part of upper wall of the left ventricle. The microscope revealed the epithelial structure with abundant dense stroma. The new growth involved the lungs (not the bronchi), the diaphragm, lumbar glands, and kidneys. The primary growth was probably in the right kidney. The second case was that of a man aged fifty-seven, who died after an illness of eight weeks. The heart contained a single mass of firm whitish new growth in the upper part of the anterior wall of the right ventricle. The pleura, peritoneum, liver, kidney, suprarenals, lumbar glands and œsophagus were also the seats of cancer. The carcinoma was probably primary in the gullet, though there was no evidence of stricture during life. The third specimen came from a women aged sixty-four, who died after an illness of four months. The heart contained many masses of new growth, and the pericardium was involved. Cancerous nodules existed in the skin, cervical glands, lungs, pleuræ, peritoneum, thoracic and abdominal glands, spleen, surface of liver, and in the remaining abdominal organs. The skin was probably first affected. No symptoms pointed to cardiac disease during life. All the cases were carcinomata of somewhat rapid growth, less than six months; and it was worthy of note that in all the kidneys as well as the heart contained carcinomata. In eighteen cases of œsophageal cancer the heart was found to be involved twice, and the kidneys were also affected.—Dr. PYE-SMITH said he remembered Dr. Wilks had alluded to the frequency with which the kidneys were affected when the heart was the seat of abscesses in cases of pyæmia.—Mr. A. A. BOWLBY had recently examined two cases of scirrhus cancer of the gullet, in which the kidneys were the only seats of secondary growth.—Dr. J. S. BRISTOWE did not himself think there was any special connexion between the heart and kidneys. In his experience also cardiac cancer had been without symptoms.—Dr. NORMAN MOORE, in reply, remarked that Queen Catherine of Aragon died with melanotic cancer of the heart, with symptoms which led to the belief that she had been poisoned.

Mr. E. H. FENWICK showed a specimen of Tuberculosis of the Kidneys, Ureters, and Bladder. The man had suffered from several attacks of renal colic in the right side, also hæmaturia and very frequent micturition. Nephrotomy relieved the tension of the pus in the pelvis of the right kidney, and then pyuria became a symptom. Nearly the whole of the mucous and submucous tissue of the bladder (with the exception of the mucous membrane of the trigone) had been exfoliated. The irritability of the bladder probably received some explanation from this circumstance.

Dr. SAMUEL WEST exhibited a specimen of Aneurysm of the Mitral Valve, taken from a man aged thirty-four, who had suffered from rheumatism first at the age of fourteen. An oscillating temperature, varying between normal and 103° F., was an important symptom. An external squint, with nystagmus, was also reported. Abscesses of embolic origin were found in many organs, and one in the middle of the right lateral lobe of the cerebellum, which was possibly the cause of the nystagmus. There were numerous vegetations on the aortic valves, and one large pear-shaped mass must have come into incessant contact with the aortic flap of the mitral valve, on the aortic aspect of which a minute opening into an aneurysm could be seen. The aneurysm was filled with clot, and was of the size of a Barcelona nut. He showed three other specimens of aneurysm of the large flap of the mitral valve. The rarity of aneurysms of the mitral valve was a part of the interest of the specimens, which also illustrated exceedingly well the mode of formation of those aneurysms originating in the fibroid structures of the heart. Many of the incipient aneurysms presented the exact shape and size of the vegetations which, by their incessant friction, constituted the chief cause of production of the aneurysms.

The following card specimens were shown:—Dr. Hale White: Hæmorrhage into the Sheath of the Optic Nerves. Mr. F. Swinford Edwards: Carcinoma of Bladder. Mr. Arbuthnot Lane: Fracture of the Tibia and Fibula into the Joint. Mr. F. S. Eve: (1) Large Urinary Calculus expelled per urethram by a girl; (2) Ectopia of the Crop of a Pigeon.

MEDICAL SOCIETY OF LONDON.

The Lettsomian Lectures.

AT the meeting held on Monday last, Dr. Wm. Ord, President, in the chair, Mr. Jonathan Hutchinson, F.R.S., delivered the first Lettsomian lecture, on "Some Moot Points in the Natural History of Syphilis."

Mr. J. HUTCHINSON said that if the question in debate could be once clearly stated the duality or unicity of venereal poisons would soon cease to be a moot point. No one thought there were two forms of syphilis, and no one doubted that there were two kinds of sores. Were they related or independent? Bassereau proved that chancroids were very contagious, and always produced sores like themselves. This process of syphilisation was, however, only done on those who had had syphilis. This was a fallacy, for the patient might, in consequence of his prior syphilis, be insusceptible of fresh contagion. Danielsen, in Bergen, inoculated a number of lepers who had never had syphilis, and with similar results. Mr. Hutchinson insisted on the difference between a specific poison and a specialised poison. All inflammatory products were probably under favourable conditions contagious; the contagium might be a product of an inflammation that had originated spontaneously. It is possible that the poison which produces the chancroid is, after all, only a specialised inflammation product, and not a specific virus. Soft sores might be a mere appanage of syphilis. Many of the soft sores wanted the typical characters of a chancroid, and the absence of induration was the most universal characteristic. This want of uniformity, and the fact that the true chancroid on the genitals is seldom seen excepting in those who have had syphilis already, were strong arguments against specificity. If a person who has never suffered before contracts a venereal sore of any kind, it is highly probable that it will tend to syphilis. Dr. Morgan's (Dublin) experience placed this fact in a strong light. Thus it would seem that insusceptibility is a usual cause of non-occurrence of induration. In using this argument he did not wish to deny that the typical chancroid is sometimes seen in those who have never had syphilis. Important evidence as to the origin of the chancroid and of all non-indurated venereal sores from syphilitic secretions was afforded by the experiments of Morgan, who inoculated syphilitics with purulent vaginal fluid of syphilitic women. Mr. H. Lee had shown that artificial irritation of a true chancre gave rise to a purulent secretion which is inoculable in the patient, producing a sore not distinguishable from chancroid. A parallel might be drawn between the chancroid process and phagedæna. All will admit that syphilitic inflammations have a remarkable tendency to become phagedænic. There is reason to believe that the chancroid type of inflammation might be only a kind of minimised phagedæna, and differ only in degree. If the virus of a chancroid be not specific, it is at least well specialised; and chancroids are very contagious, and reproduce themselves with closely similar features.

Mr. Hutchinson next dwelt on the relations of hospital phagedæna to syphilis, and said it was not uncommon to see the disappearance of hospital gangrene claimed as one of the triumphs of antiseptic practice. He held this to be a mistake, whilst believing strongly in antiseptic surgery. Evidence in the form of clinical cases and outbreaks of hospital phagedæna was brought forward, showing that syphilitic sores could always, and even in unlikely instances, be made to account for the occurrence of hospital gangrene. Hospital phagedæna is very contagious, and spreads by contagium only; the previous health of the patient matters nothing, nor the salubrity of the ward. It never leads to constitutional syphilis. Accepting the hypothesis of its syphilitic origin, we have, then, a parallel fact to what is observed in the case of the chancroid. A specialised contagium has been bred up which can produce its like whenever inoculated, but which does not contain the virus of syphilis. It is easy enough to see that, if once the particulate virus of syphilis have died out of a secretion, the latter may then be propagated *ad infinitum* without the slightest possibility of reproducing the defunct elements. Mr. Hutchinson held that true chancres were the most likely to be attacked by phagedæna, and he believed that it occurred at a stage too late to prevent absorption. Phagedæna was a concomitant of a true syphi-

litic inflammation, and did not usually occur until induration had taken place. It denoted unwonted susceptibility to the influence of the virus, and was often followed by severe secondary symptoms. A knowledge of the fact that phagedæna usually accompanied true syphilis was of great importance in retrospective diagnosis in medical practice. Mr. Hutchinson believed that a scar or the remains of a phagedæna more often meant syphilis than not. Moreover, scars in the groin were most likely syphilitic. In private practice inflamed buboes were rare. It was not very exceptional for a typical chancroid to cause no enlargement of the glands. He could not lose sight of the fact that a great many infecting sores did inflame and suppurate, and when that was the case the glands would follow suit. In a group of six infants suffering from syphilis, the result of circumcision, no less than two had suppurating buboes, and another had large masses of agglutinated glands. He considered it possible that age and personal peculiarities often exercised great influence in the tendency to inflammatory action. The recognition of non-infecting venereal sores on other parts than the genitals, whether on the hands or elsewhere, was a matter of great difficulty. Mr. Hutchinson had never yet seen a suppurated bubo in the arm-pit in association with a venereal sore on the hand. So remarkable a fact might mean that the soft sore was very rare on the fingers, or that it very rarely caused bubo. Probably there was truth in both statements. Speaking of second attacks of true syphilis, Mr. Hutchinson referred to Ricord's statement of 1839, that an individual who had once had syphilis was not liable to it again. But in 1859 Ricord admitted, what several observers have subsequently asserted, that second attacks were possible. The interval was generally long, and might be as long as twenty years. Mr. William Allingham published an interesting case, in which a man contracted syphilis in February; the induration of the primary chancre disappeared under mercurial treatment. In May a rash and sore-throat appeared, and mercury was again taken. Having left off the mercury for a month or more, he returned in July with another chancre, which was believed to be the result of fresh contagion; the second chancre was not in the site of the former one, but presented the most characteristic induration. This sore was followed by rupia and periostitis, and yielded but slowly to mercury. Mr. Hutchinson admitted the difficulties of the case, but felt sure that we not unfrequently encountered most startling exceptions to general rules.

Treating next of periods of incubation, Mr. Hutchinson gave his own experience as leading him to believe that the period was a more or less definite one of four or five weeks, thus differing from Sigmund of Vienna and Ricord. Berkeley Hill said that twenty-four days was the average, but from ten to forty-six days were the limits. In the case of a medical man who had vaccinated himself in the forearm from a syphilitic infant, the punctures, which had quite healed, became irritable on the twenty-first day, and were well indurated on the forty-first. Coming next to recurrent chancres, Mr. Hutchinson said he was the first, he believed, to draw attention to the very curious group of cases which illustrated recurrence, but two years after his brief paper Fournier wrote a masterly account. It was quite possible, and not a very rare occurrence, for indurations to develop in the retro-coronal fold of the prepuce which were not consequent on any fresh contagion. They usually, but not invariably occurred in the site of former chancres. They might occur at very various periods after syphilis, but ordinarily within five years. He thought that too much importance had been attached to the condition of induration as an almost essential characteristic of the initial lesion of syphilis. The absence of induration went for very little in the way of evidence. In many cases induration lasted but a short time. It was often ill marked in women, and its characteristics varied much in relation to the special tissue affected. If we admitted this, we might still hesitate to admit that syphilis could begin without any chancre whatever. Yet, for practical purposes, that was the conclusion to which we must come. No doubt a slight sore might be overlooked. Was it possible that intra-urethral chancres might occur without pain or signs of obstruction, and without external hardening and without discharge? Such was the suggestion of some, but it did not seem very probable. The frequent occurrence of cases in which syphilis followed what was considered to be only gonorrhœa suggested the suitability of recognising what we might call gonorrhœal syphilis. In explanation of facts adduced by Lee and Berkeley Hill, it might be admitted at once that there was nothing in the least improbable in the supposition that the particulate virus of syphilis might exist in gonorrhœal pus. Basset and Tamorowsky, both quoted by Berkeley Hill, made experiments apparently proving that gonorrhœal pus either from the male or the female could not induce a chancre followed by syphilis. Their experiments were made on non-syphilitic subjects.

The last question on which Mr. Hutchinson touched was the possibility of the conveyance of syphilis by translucent vaccine lymph. The belief that it was necessary to draw blood, or at any rate to allow the vesicle to drain after emptying it, and thus permit the escape of fresh leucocytes, could no longer be entertained. The fact that apparently pure lymph from vaccinia of a syphilitic infant could cause true syphilis in a non-syphilitic individual must be held to have been proved as the result of some inoculations made on himself by a member of the medical profession (this was an allusion to a case which has already been made public). The interest of this demonstration did not end with its relations to the practice of vaccination. It proved that the virus of syphilis might exist in a perfectly clear fluid and in company with that of another specific fever.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.

Cases of interest from the late War in the Soudan.—Antiseptic Surgery at the West London Hospital.

AT the meeting held on December 4th, 1885, Mr. W. B Hemming, President, in the chair,

A paper was contributed by Surgeon HAROLD HENDLEY, I.M.S., and read by Mr. DUNN, on "Some cases of interest from the late War in the Soudan." The paper consisted of five cases, in four of which operative interference was followed by exceedingly good results.—Case 1: Bayonet wound. A bayonet which had transfixed the left arm through the biceps had also caused an apparently superficial wound of the chest, in the mid-axillary line immediately below the seventh rib. There were no signs during life of penetration of the thorax or injury to the lung. The man, contrary to orders, left the hospital in the course of an hour, and after three hours had elapsed difficulty of breathing supervened and death occurred from asphyxia. At the post-mortem extensive pneumothorax was found, with collapse of both lungs. There were four ounces of venous blood in the left chest, and there was a small wound of the lower lobe of the left lung.—Case 2: Bullet wound (Remington rifle). An Indian mule-driver, aged twenty-eight, was admitted with a bullet wound of the right thigh and left foot. The bullet had passed into the foot immediately in front of the astragalo-scaphoid articulation, where, upon several previous occasions, unsuccessful attempts had been made to find it. Under chloroform, careful digital examination and the use of Nélaton's probe having failed to establish the whereabouts of the missile, the patient was placed in the position in which he was supposed to have been in when the injury was received, and then palpation of the foot revealed an oblong mass in the sole of the foot; this swelling was cut down upon and proved to be the bullet. The patient was subsequently invalided to India and did well.—Case 3: Suture of tendons and the median nerve. A Greek wasadmitted from one of the field hospitals for a deep horizontal sword-cut across the front of the right wrist, in consequence of which some time previously it had been considered necessary to resect the lower end of the radius. On admission there were complete loss of sensation over the parts supplied by the median nerve, and but limited power of movement of the hand. The wound was reopened, and the median nerve, after some dissection, together with the tendons of the flexor carpi radialis and palmaris longus, were found widely separated; the ends were pared and catgut sutures used to bring them into close apposition. The hand was fixed upon a splint in a flexed position. The wound granulated well, and ultimately the man was discharged with complete recovery of sensation, except over two small patches, and with daily increasing power of movement.—Case 4: Ununited compound fracture of the radius and ulna. A native of India, aged twenty, was admitted with this injury, which had been caused by the bite of a camel. The patient had been under treatment for some time without any union taking place in the bones in question. Under chloroform, the ends of the bones were resected, and holes drilled through the fragments; the latter were then approxi-

mated with silver wire, the ends of the wire being left projecting from the wound. The patient was afterwards invalided to India, with every prospect of good union taking place.—Case 5: Malignant-looking ulcer of the pubes of 180 days' duration. The ulcer measured 3½ in. vertically and 2½ in. transversely. Its edges were irregular, raised, rounded, hard; base firm, indurated; inguinal glands slightly enlarged. Under chloroform, the mass was removed, after which a flap of skin was brought down from the right of the middle line, twisted at its base, and attached by its free end to the loose skin of the penis, so that the wound was almost wholly covered. The patient was subsequently invalided to India, and was soon quite convalescent. The dressings used were carbolised oil lint and iodoform tenax.

Mr. KEETLEY read a paper on Antiseptic Surgery at the West London Hospital. During the years immediately preceding and including 1880 the course of wounds had been so unsatisfactory that towards the end of that year the staff held meetings to consider the matter. These resulted in recommendations for the provision of better means of carrying out antiseptic surgery and certain minor improvements in the drainage and ventilation. The drainage is, however, to this day old-fashioned, and the faults of ventilation are not very materially removed. Anything like systematic registration of cases in detail had been absent from the hospital till recently, so the only reliable statistics the author possessed were those of his operations. In the first five years ending August, 1881, he had only sixty-nine operations to record; eleven of the patients died. He now became acting full surgeon, and in the year immediately following, the improvements as regards provision of antiseptic materials &c. having taken place, he had seventy-five operation cases and no death. In the period of four years and a quarter from August, 1881, up to the present, he had had 438 operations with 16 deaths. The percentage of mortality was therefore in the first period 16, and in the second 3·6. The fatal cases were then considered in detail, and it appeared that the majority in the first period might be referred to septic causes, while an entirely different state of things prevailed in the second period. The class which bore the most striking testimony to the value of antisepticism was that of operations affecting the larger bones and joints; of these the author had performed, since January, 1881, 235, with the loss of only four patients in the hospital, and a fifth who died shortly after leaving it. All the fatal cases were complicated in the most serious manner, one being a double amputation of one leg and the other thigh; one being a patient with advanced phthisis; two having died of tubercular meningitis when they were far advanced in convalescence from the operations which had been done; and a fifth died, seven months after being trephined, of cephal-hydrocele. The 235 bone and joint operations included twenty-two major amputations, all but four through the lower extremity, with one death (in the previous period there were seven major amputations with four deaths); seventy-four osteotomies, with no death (in the preceding period only one osteotomy, which inflamed and suppurated seriously). Of the osteotomies, twenty-three were of the hip and 32 of the femur near the knee-joint; fifteen excisions, including three of the hip, five of the knee, and three of the elbow; seven excisions of tarsal and carpal bones; seventeen partial excisions and erasions of the larger joints, including seven of the hip and five of the knee; many cases of antiseptic drainage of the larger joints; eight sutures of the patella; seven scrapings out of the medulla of long bones (the femur five times); three direct operations for caries of the spine; four for malunited and ununited fractures (femur and tibia), &c. The other classes of cases, such as excisions of tumours, myotomies, and rectal and genito-urinary cases, caused no death, and otherwise showed a clean sheet, except as regarded about one case of erysipelas. An account was then given of the antiseptic methods practised at the West London Hospital. This showed a transition from strict use of the spray and carbolic gauze dressings, through what might be described as an iodoform period down to the present time, when the douche and turf moss pads charged with sublimate were being used. But Listerian principles had never been lost sight of, and the author believed that the choice of any particular antiseptic appliances was far less important than thoroughness in the use of those chosen. Lastly, he stated that the results and principles of his colleagues did not essentially differ from his own. They were now all antisepticists at the West London Hospital.—Dr. SINCLAIR THOMPSON said he was a strong believer in antiseptics. He approved of the douche, but now discarded the spray.—Mr. TUKE described a case of sebaceous tumour of the scalp, which the patient refused to have removed. The cyst suppurated, and the cyst wall was taken away. No antiseptics were used, and the patient died in six days of symptoms of blood-poisoning.—Dr. ALDERSON did not think that in small operations, such as the removal of sebaceous cysts, antiseptics were necessary. The worst case of amputation of the breast which he had seen was one in which strict antiseptic precautions had been taken.—Dr. THUDICHUM said that where perfect cleanliness was observed no cases of hospital gangrene were met with. He described a visit to a continental hospital where the wounds invariably failed to progress favourably, and this was distinctly traced to dirtiness of the bandages, forceps, and splints. In alkaline solutions salicylic was not an antiseptic.—Mr. EDWARDS did not use the spray, except in operation upon serous and synovial sacs. He thought cleanliness a very wide term. It was immaterial what the description of the antiseptic was which was used. The cardinal features of wound treatment were pressure and drainage, and in this connexion he strongly advocated Esmarch's bandage.—Dr. POPE was glad that Mr. Keetley had discarded the spray. He related a case in which a knee-joint had been opened five successive times without it.—After some remarks from Dr. BALL, Mr. KEETLEY replied.

Dr. SINCLAIR THOMPSON read an interesting paper upon a Trip which he had taken to Suez and back, and advocated strongly the advantages of a short sea voyage for the purposes of health.

CAMBRIDGE MEDICAL SOCIETY.

Friedreich's Ataxia.—Embolism of Central Artery of Retina.

AT the meeting held on Nov. 6th, 1885, Dr. Bradbury, M.D., President, in the chair,

Dr. MACALISTER narrated a case of Friedreich's Ataxia. The patient, a labourer, aged twenty-nine, single, was admitted to Addenbrooke's Hospital in July, 1885. The father is living, but the mother died twenty-two years ago, complaint unknown. One brother alive in America, believed to be well; one brother died, having been "afflicted" like the patient; two sisters are also "afflicted." Patient thinks he was "queer in his legs" about the age of nineteen, but could do his work till three years ago. Then he began to feel weak in his legs, and dizzy at times. This gradually increased till eighteen months before admission, when he lost all power in his legs. During this time he suffered from backache, but has never had pains of any kind in the limbs. His speech also has gradually altered. He had to go to the workhouse more than two years ago, and has gradually got worse. On admission his legs were found to be somewhat wasted; organs appeared sound. He could not stand even with his eyes open, nor move his legs and toes when lying or sitting. No abnormality of sensation. Patellar reflex entirely absent; no ankle-clonus; skin reflexes apparently normal. He had complete control over bladder and rectum. His head was in constant slow motion from side to side; he had a slight convergent squint. Complained only of backache, and of (apparently flatulent) distension of abdomen. No trace of syphilitic disease. Urine normal. Pupils reacted both to accommodation and to light; the fundus appeared normal. The back showed a slight lateral curvature of the dorsal and lumbar spine to the left, but the ribs did not bulge and the transverse processes could not be felt. Speech slurred and drawling; no aphasia. He was given small doses of liquor strychniæ. On Aug. 11th the arms began to be ataxic, especially marked in attempts to write. Five-grain doses of iodide of potassium were ordered. On the 30th he complained of seeing double when looking at distant objects, and had pain in the right eye. The right pupil was somewhat dilated and sluggish in reaction; left optic disc not quite clear; slight nystagmus. On Oct. 1st ataxia of the hands and arms was very marked, and the speech was very drawling and indistinct. Legs weaker.

Mr. DEIGHTON remarked on a case of Embolism of the Central Artery of the Retina. On Feb. 2nd, 1885, he was sent for to see a woman, aged sixty, who said that as she was lying awake in bed in the morning she suddenly lost the sight of her right eye. She had never had any previous attacks of loss of sight or even of temporary dimness, and the other eye was

not affected when this went blind; she did not feel giddy, faint, sick, or have any sensation of pain at the time of the attack. Never had rheumatic fever, chorea, or suffered from fits of any sort. There was no albumen in the urine; the heart sounds were healthy. She had suffered for years with a cough; the apex of one lung presented well-marked evidence of phthisis. The pupil of the affected eye did not act directly to light, but contracted on illuminating the other eye; with moderate pressure there was no sensation of phosphenes. The next day vision had improved, and she could distinguish large objects in a small peripheral portion of temporal half of field. Ophthalmoscopic examination showed the optic disc blanched, the arteries very much reduced in size but not filiform, the veins full and distinct. Round the optic disc and in the neighbourhood of the macula lutea a perceptible haziness of the retina was visible, but there were no hæmorrhages. The fundus of the other eye was quite healthy. On Feb. 5th the retinal haze was very much more marked and of a white cloudy appearance, quite concealing the margin of the disc; at the yellow spot a cherry-coloured spot, slightly oval in shape (transversely) and very clearly defined, stood out in marked contrast to the surrounding œdema. This patient was seen again about six months after. The ophthalmoscopic appearances were those of atrophy; the arteries were very small, but not obliterated. Vision the same as before. Mr. Deighton insisted upon the importance of being able to distinguish between thrombosis and embolism.

Mr. CARVER showed a specimen of Flat Foot taken post mortem from a young man, aged about thirty, who had followed the occupation of billiard-marker for some years. He remarked that after dissection of the parts the deformity appeared to be due, not to stretching or lengthening of the calcaneo-scaphoid ligament, but rather to displacement of the scaphoid and astragalus downwards and inwards, the head of the latter resting upon the anterior portion of the internal lateral ligament of the ankle-joint, and not on the calcaneo-scaphoid.

MIDLAND MEDICAL SOCIETY.

Mollities Ossium.—Foreign Body in the Œsophagus.—Epithelioma.—Hydronephrosis.—Wrist-drop.

AT the meeting on Dec. 9th, 1885, Dr. Holmes Joy in the chair,

Mr. AUGUSTUS CLAY showed the sternum, portions of the femurs, clavicles, and a part of the ilium from a case of Mollities Ossium in a woman aged thirty-nine, who had been under the care of Mr. Pearse, of Brierley Hill. She was by occupation a dressmaker, and her mother, sister, brother, and eldest son died of phthisis; she was the mother of five children, the last confinement being a difficult one. Her illness extended over nine years, and at the time of her death the bones of both thighs and legs were fractured, none of them showing any tendency to unite.

Mr. BENNETT MAY showed a child, aged seven years, from whom he had removed, by œsophagotomy, a halfpenny which had been swallowed three years and a half before the operation; it had ulcerated through the œsophagus and opened the right bronchus, and was lying partly in the œsophagus and partly in the bronchus. Its removal was easily effected: the child was at first fed by nutrient enemata in order to avoid the possible entrance of food into the bronchus or surrounding cellular tissues. At the present time there is a slight constriction at the seat of ulceration, but a bougie can be passed without any difficulty, and food is easily swallowed.

Mr. JORDAN LLOYD showed the whole of an Epitheliomatous Tongue and Submaxillary Lymphatic Glands, which he had removed from a man by Kocher's method, after temporarily ligating the tongue at its root in two separate halves. The operation was practically bloodless. The man died on the tenth day from exhaustion. Mr. Lloyd also showed a Kidney with Dilated Pelvis as large as a fœtal head, which he had successfully removed from a boy five years of age. Intermitting hydronephrosis, accompanied by great pain and constitutional disturbance, were the indications for removal. The operation was lumbar, and seven or eight renal arteries were ligatured separately, the kidney liberated with its pelvis unopened, and cut off through healthy ureter. The condition was probably congenital and depending on a unilateral kink. The boy is now in perfect health.

Dr. SUCKLING showed a man, aged thirty-five, who was suffering from wrist-drop, due to progressive muscular atrophy. There was complete paralysis and atrophy of the extensor muscles of both forearms, the supinator longus on each side escaping. Other muscles of the hand and front of the forearm were also affected. The paresis and atrophy had gradually supervened and advanced together. There was no history of lead-poisoning and no hereditary syphilis, but he had acquired syphilis four years previously. There was no response to faradaism or galvanism of the muscles of the back of each forearm. Elsewhere there were no qualitative changes.

Dr. FOXWELL showed a man with atrophy of the extensor muscles of both forearms and the short muscles of the hands, whose symptoms did not fully agree with any recognised form of such lesion.

Dr. SIMON showed a case of Aphasia, in which the power of writing was retained.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.

Treatment of Congenital Talipes Equino-varus.

AT the meeting of this Society on Dec. 4th, Mr. J. White, President,

Dr. LEWIS W. MARSHALL read a paper on the Treatment of Congenital Talipes Equino-varus. The author called attention to the unsatisfactory condition which existed in reference to the treatment of this congenital deformity. Quotations were given from recent papers published in the various journals, illustrating the want of unanimity between the opinions of surgeons. A brief summary of the method advocated by Mr. Barwell without division of tendons, and an account of the imperfect success obtained by Dr. Marshall, if slight cases be excepted, was read. Also the most recent pathological opinions as expressed in the joint paper of Messrs. Parker and Shattock at the Pathological Society in May, 1884, were touched on. Dr. Marshall stated that he concurred in the views contained therein, and believed in the mechanical production of this malformation. The fact of the males to females being in the ratio of 4 to 1 in his list of cases was thought possibly to be an additional argument in favour of Cruveilhier's theory, because of the usually smaller size of the female offspring. Intra-uterine pressure would therefore be less easily effected. The opinion as to most children having at birth a tendency to varus was also concurred in. Stress was laid upon the fact that the majority of congenital cases are due to paralysis of the peronei, together with displacement and altered relationship of the tarsal bones. The annotation published in THE LANCET a year or two ago, summing up the treatment of talipes equino-varus by plaster-of-Paris, was freely criticised, and an adverse opinion expressed. Dr. Marshall confined the use of this splint to the time anterior to the eleventh month, the period at which he preferred to divide the tendo Achillis. This limited use even was thought to be prejudicial. Mr. Davy's cuboid operation on infants was also objected to, and a case of Mr. Davy's was shown in which one foot had been treated by this method, and the other by division of the tendo Achillis by Dr. Marshall, and subsequent treatment by Mr. Barwell's springs. Dr. Marshall said that he adopted the following system: First, division of the tendo Achillis only at the eleventh month—i.e., at or about the time of walking; secondly, ten days after division Mr. Barwell's springs were applied; thirdly, a removable splint on the same lines was adopted; fourthly and finally, shampooing, faradisation, and exercises by Ling's system as advocated by Dr. Roth were used. Cases and photographs were shown, supporting the assertion that perfect and good results could be as easily obtained in this way as by any other. It was pointed out that no other tendon had been divided in any single case, nor was it believed ever to be necessary. The received doctrine that tendons should be cut in the front of the foot first was deemed to be wrong, because inversion of the foot was clearly obtained after excessive contraction of the calf muscles, and division of the tendo Achillis released this in part. The main points of difference between the method recommended by Dr. Marshall and that of orthopædists generally are included under the following heads: 1. Time of operation. 2. Tendons to be cut, and the order of doing this. 3. The apparatus used for after-treatment.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

Epithelioma of Tongue.—Trephining for Traumatic Epilepsy.—Supra-pubic operation for removal of large Calculus.

THE second monthly meeting of the session was held in the library of the Newcastle-on-Tyne Infirmary on Nov. 12th, 1885, Dr. Fielden, President, in the chair.

Dr. MORISON showed a patient upon whom he had operated four years ago for epithelioma of the tongue and floor of the mouth. The man was sixty years of age at the time of operation, and the growth had invaded the front half of the tongue, the floor of the mouth, and was adherent behind the symphysis of the lower jaw. Two inches and a half of the lower jaw, the floor of the mouth, and the anterior half of the tongue were removed. The patient made a good recovery and had since done well, having a fairly useful jaw and powers of speech.

Mr. PAGE exhibited a boy nine years of age, whose knee he had excised a year ago. The boy, although so young, had now a useful limb, which appeared to be growing with his growth. Mr. Page also exhibited a patient whose femoral he had tied for popliteal aneurysm. The result was in every way satisfactory, the wound having healed by first intention, and the aneurismal sac could be felt in the popliteal space contracted and pulseless.

Dr. OLIVER showed a boy who had been trephined in the right parietal region for supposed traumatic epilepsy. The fits had developed after a blow on the head, and although on admission to the infirmary no injury to skin or bone could be detected, it was decided to trephine, as the epileptic phenomena were unilateral. The opening was made an inch above and behind the right ear, and a quantity of effused serum and lymph removed. The wound healed up well, but the fits continued, though with less severity and frequency. There had been no subsequent bulging at the seat of the operation.

Dr. MORISON exhibited a portion of Bowel with Perforating Ulcer and a portion of Intussuscepted Bowel, removed by abdominal section; also a series of seventeen Vesical Calculi, and considerable interest attached to this exhibit since it included the largest stone ever removed during life. This calculus, which weighs 1 lb. 6¾ oz., was removed from a sailor, fifty-two years of age, who had suffered for thirty-eight years from pain and difficulty on micturition. The lateral operation was first tried, but it was found impossible, for want of room, to remove the stone in that way. A supra-pubic incision was then made, and as no lithotomy forceps which the operator possessed were large enough to grasp the stone, recourse was had to a pair of midwifery forceps, and the stone successfully removed. The man did well till the twelfth day after the operation, when, without warning, he suddenly became very ill, and died on the fourteenth day. No post-mortem was allowed.

Mr. PAGE showed the Sigmoid Flexure and Rectum from a patient who had suffered from fibrous stricture of the rectum. The stricture, which only admitted a probe, was at the juncture of the sigmoid flexure and rectum, and no fæces had been passed for fourteen days before operation. Right colotomy was performed, with complete relief of symptoms; but the patient died three weeks afterwards, and the post-mortem discovered extensive disease of the kidneys and partial occlusion of both ureters by cicatricial bands.

Dr. OLIVER exhibited a specimen of Aortic Aneurysm. The sac, which was of immense size, arose from the ascending aorta and projected forward between the pleuræ to the anterior chest wall, where it opened into a blood space behind the right pectoral muscles.

Dr. HUME read an interesting paper on two cases of Scirrhus of the Mamma, with Eczema of the Nipple. After carefully tracing the connexion between the two, the author came to the conclusion that where there was true eczema of the nipple—that is, eczema confined to the nipple alone—one was justified in recommending excision of the breast as a safeguard against the malignant disease which, in his opinion, was almost certain to follow in the gland.—The discussion was carried on by Drs. Drummond, Arnison, and Morison, and Mr. Page.

Reviews and Notices of Books.

The Principles and Practice of Medicine. By the late CHARLES HILTON FAGGE, M.D., F.R.C.P. Two Vols. London: J. and A. Churchill. 1886.

[SECOND NOTICE.]

THE diseases of the Nervous System form a large part of the first volume, and their consideration is richly illustrated by facts of the author's personal observation. He discusses peripheral affections first—namely, paralysis and neuralgiæ,—and then passes to diseases of the spinal cord. The symptom of paraplegia serves as an introduction to this latter subject; it includes an interesting account of reflex movements, in which, however, the subject of the so-called "tendon-reflex" does not receive such attention as its significance merits. It must be remembered, however, that the study of these phenomena is very recent, and their explanation yet undetermined. After dealing with the pathology and symptoms of myelitis, various conditions are described which are hardly to be diagnosed from it—some of which, indeed, as spinal anæmia and hyperæmia, may have no real existence, or at any rate be unrevealed by symptoms. Reflex paraplegia, again, is discarded, the opinion being that a myelitis is present in most of the cases so assigned. Acute ascending paralysis is given from Erb's description, and we are told that no case of this remarkable affection could be found by the author in the records of Guy's Hospital. Alcoholic paraplegia receives but scanty notice, the wider extension of the subject at the hands of Lancereaux, Broadbent, and others, being again a matter which is one of our most recent additions to knowledge. As regards syphilitic paraplegia, the suggestion is made that it mostly depends upon defective nutrition of the cord from interference with blood-supply due to arterial disease, comparable to the affection which underlies so many cases of cerebral syphilis. Pursuing our glance through these pages, which teem with facts and are full of interest, we may note that Dr. Fagge believes the symptoms of "spinal irritation" to be explained by neuralgia of the posterior branches of the spinal nerves; that he describes in detail the subject of compression paraplegia, as illustrated in cases of Pott's disease, malignant disease of the spine, erosion by aneurysm (the rarity of compression from this cause being noted), by hydatid tumour and tumours of the membranes, examples of which are given from his own experience; again, in spastic paraplegia—which, although admitting the fact of lateral sclerosis in many cases, he thinks is often comparable to other spasmodic functional neuroses—he gives details of cases cured by the administration of Calabar bean. Under the head of Spinal Paralysis attended with wasting of muscles, he describes in turn acute atrophic paralysis (of infants and adults), chronic diffused atrophic paralysis, progressive muscular atrophy (more limited in its distribution than the preceding), bulbar paralysis, lead palsy, and pseudo-hypertrophic paralysis. This grouping of affections shows that in his view the latter two diseases own a centric origin, although the evidence is for the most part still wanting to determine the fact. Dr. Fagge indeed would assign a larger share to the action of lead poisoning than many admit, believing that some cases eventuate in more or less generalised muscular atrophy, distinguishable from progressive muscular atrophy only by the electrical test. Locomotor ataxy and disseminated sclerosis are respectively dealt with in separate sections.

The chapter on Diseases of the Brain opens with a discussion of hemiplegia and aphasia. It is of interest to learn that in a paper read before the Guy's Hospital Physical Society in 1860 or 1861 Dr. Fagge anticipated the conclusions formulated subsequently by Dr. Broad-

bent regarding the exemption of harmonious movements from paralysis in hemiplegia; and the following remarks, giving an explanation of the varying distribution of paralysis in cerebral hemiplegia, has been fairly substantiated by the recent researches of Horsley. Dr. Fagge says (p. 488), speaking of the views of Jackson and Ferrier: "But, in spite of these high authorities, I cannot help thinking it is possible that, at least in the internal capsule, the fibres which belong to the upper limb may hereafter be distinguished from those that pass to the lower limb. We shall hereafter see that Hitzig and Ferrier state that the cortical centre for the leg muscles lies nearer the median plane than that for the arm muscles. It seems to me a fair inference that if there be a distinction of fibres within the internal capsule, those for the leg should be situated further inwards (or forwards) than those for the arm." And he goes on to point out that in cerebral hæmorrhage the outer and hinder part of the capsule is often alone lacerated. The subject of cerebral hæmorrhage abounds in details of clinical and pathological experiences. Two cases of an extremely rare condition—chronic diffused cerebritis—are recorded; hydrocephalus is attributed to a chronic inflammation of the ependyma and choroid plexus; atrophy of the brain is illustrated by "general paralysis of the insane"; and the various forms of meningitis, thrombosis of sinuses, and hæmatoma of the dura mater conclude the chapters devoted to organic disease. The interesting subject of the neuroses follows, dealing first with the *spasmodic*—viz., spasmodic tic, torticollis, paralysis agitans, chorea, tetany, tetanus, and hydrophobia; and then the *paroxysmal*—migraine, epilepsy, paroxysmal vertigo, and paroxysmal insanity; the subjects of hysteria and hypochondriasis being dealt with apart, and forming, as it were, a link to the section upon Psychoses, in which the various forms of insanity are dealt with. Lastly, the consideration of the diseases due to poisons and to heat conclude the subject of nervous disease, which have seldom received so ample and exhaustive a study in any similar text-book.

The remainder of the first volume is devoted to the Diseases of the Respiratory Organs. The affections of the larynx are detailed as fully as is consistent with a general treatise, and amongst other indications of the author's acquaintance with recent teachings may be cited his references to Dr. Semon's work upon abductor paralysis. There is a very full discussion upon Croup, a term which is retained by Dr. Fagge in its old significance, whilst he expresses in detail the facts which have led him to adopt what may be called the old-fashioned doctrine as to the nature of the affection. To be sure, he admits the practical impossibility on anatomical grounds of discriminating between simple membranous croup and laryngeal diphtheria, but he thinks the evidence goes to show that it is only exceptional for diphtheria to be limited to the air-passages, and wholly rejects the notion that the presence of exudation on the pharynx is sufficient to determine the diagnosis in favour of diphtheria; for he deems it probable that a non-specific membranous inflammation may extend upwards to the pharynx. In spite of the ingenuity of his reasoning, and the force of many of his arguments, the hypothesis of a specific poison being at the root of all cases of (non-traumatic) membranous laryngitis seems to best accord with facts, but at the same time there is room for further investigation, which Dr. Fagge's utterances may serve to stimulate. The general symptomatology of Chest Diseases, including the methods of physical diagnosis, introduces the articles devoted to their consideration. We note that the author adopts a cautious line in dealing with the etiology of acute pneumonia, and there is not of course any reference to Friedländer's discovery of a specific micrococcus. Still, Jürgensen's doctrines receive full attention, and it is pointed out that all inflammation must be regarded as due to some specific exciting cause. Laennec's division of gangrene of the lung into circumscribed and diffuse is held to be untenable in the light of extended experience in the post-mortem room. The question of surgical treatment of gangrenous cavities is another of those subjects, which has almost arisen since Dr. Fagge wrote; at any rate, no mention is made of it. There is a very elaborate review of the etiological conditions bearing upon pulmonary phthisis, and the influence of soil, climate, and hygienic surroundings is shown to be very great in determining the disease, whereas the theory of contagion receives but little countenance. Neither does Dr. Fagge admit that in inheritance there is more than a transmitted "vulnerability"; and he rejects the doctrine of "phthisis ab hæmoptœ."

The second volume opens with Diseases of the Heart and Bloodvessels, some sections of which—viz., Valvular Disease of the Heart, Aneurysm, Thrombosis, and Embolism—have been supplied by Dr. Wilks, these being subjects which the author had left unwritten. It may be remembered that Dr. Fagge contributed an article on the first-named of these subjects to "Reynolds' System." It is needless to say that Dr. Wilks discusses them with the clearness and precision which characterise his writings. Reverting to Dr. Fagge's own work, we may mention that he discusses admirably the etiology of dilatation and hypertrophy of the heart, and shows clearly how often these may give rise to valvular incompetence. We find the subject of mediastinal tumours interpolated in the chapter upon Diseases of the Bloodvessels, probably from the clinical resemblances between them and thoracic aneurysm. Diseases of the Stomach are introduced by a chapter devoted to the subject of Dyspepsia, the author showing an intimate acquaintance with the views of the leading authorities upon this common but inadequately understood derangement. In dealing with Gastric Ulcer, he discusses Virchow's long-accepted view of its production by local ischæmia, but does not offer an alternative hypothesis. The Diseases of the Intestines include two subjects with which Dr. Fagge's name is always associated—viz., lead colic and intestinal obstruction; and their discussion in this volume shows evidence of his vigorous and independent thought. In speaking of acute peritonitis, he is very sceptical as to its ever (or with extreme rarity) occurring idiopathically, contending that a primary local inflammation in neighbouring organs or regions is almost essential to its supervention. The Functional Derangements of the Liver are dealt with much in the broad sense which Murchison gave them; and the subject of Jaundice serves as a centre around which hepatic disorders are grouped. It is pointed out that "simple jaundice" is by no means always catarrhal; and a contrast is drawn between acute yellow atrophy and febrile jaundice—the latter almost as fatal as the former, but evincing a variety of causes, amongst which "pylephlebitis" is the most prominent local affection. Other causes of jaundice—as gall-stones, cancer, &c., are reviewed; and, after discussing the subject of bile-formation, Dr. Fagge concludes that it is hardly possible to formulate a theory of jaundice other than that bile-pigment is first secreted and then reabsorbed—endeavouring thus to break down the distinctions between "hæmatogenous" and "hepatogenous" jaundice. He seems to make rather a subtle distinction between the "secretion" and the "production" of bile; but we are grateful for the manner in which he brings his knowledge to bear upon the question. In the section upon Cirrhosis of the Liver, as in that upon Jaundice, one is surprised at the absence of any specific mention of so-called hypertrophic or biliary cirrhosis (except in a brief footnote by the editor); but it is interesting in this connexion to note that, according to Dr. Fagge's experience, in most cases of cirrhosis of the liver accompanied by jaundice the liver has been enlarged, often greatly so, and mostly containing

much fat. Abscess of the liver he inclines to view as being mostly, if not invariably, secondary to dysentery. A chapter is devoted to Painless Enlargements of the Liver, and the section upon Hydatid Tumours is, as may be expected, written from a wide personal knowledge. Leuchæmia and Hodgkin's Disease are next discussed, and then we pass to the subject of Diseases of the Urinary Organs. Among functional derangements are considered diabetes insipidus—a rare affection, according to the author—and renal inadequacy; then the changes in the composition of the urine are discussed, followed by an admirable account of hæmoglobinuria. Of the paroxysmal affection that goes by this name we are told that it is now well ascertained to be due to disintegration of the red corpuscles within the blood, but the difficulties attending its pathology are fully recognised. Another subject, treated at greater length than commonly in text-books, is hydronephrosis. The pathology of diabetes receives considerable attention, and the opinion is expressed that excessive formation of glycogen is the most tenable of all hypotheses advanced to explain this disease, but at the same time little stress is laid on the theory that the hepatic derangement is itself due to a medullary lesion. In fact, Dr. Fagge hardly seems to have done justice to physiological research upon this question; nor is the subject of diabetic coma given as much attention as it merits. Dr. Fagge recognises five forms of Bright's disease—viz., parenchymatous nephritis, lardaceous disease, cirrhosis, consecutive Bright's disease, and cystic disease,—and devotes several pages to their common symptomatology. Of all the topics raised in this instructive chapter we can only refer to his views respecting the cardio-vascular changes in chronic Bright's disease and upon uræmia. The former are, he thinks, to be referred to primary renal derangement, and he harmonises Mahomed's views by the suggestion that such derangement, sufficient to cause a heightening of arterial pressure, may be functional, or at any rate may not require the structural lesions which mostly characterise it. The theories concerning uræmia are subjected to lengthy criticism, but without any clear solution being arrived at, as may be gathered from the following paragraph (p. 459): "In conclusion, there seems to be no doubt that uræmia is produced by the poisonous action upon the nervous centres of materials accumulated in the blood as the result of defective excretion by the kidneys. But it is still uncertain whether this action is excited by one substance in particular, or by all of them together. In many cases the actual outbreak of convulsions is immediately due to some obvious disturbance of the balance of the bodily functions, which may then be supposed to have been previously unstable. ..... Sometimes, perhaps, what directly causes uræmic symptoms is the sudden failure of the heart to keep up an active circulation through the renal vessels, so that the excretory function of the kidneys, which may for a long time have been more or less impaired, now becomes rapidly altogether ineffectual." The symptoms of Addison's disease are referred to derangement of the sympathetic, from which conclusion Dr. Fagge does not see any escape; although it involves, at least so far as concerns the cutaneous pigmentation, the acceptance of more than one hypothesis. Gout, rheumatism, arthritis deformans, and gonorrhœal synovitis are the subjects next dealt with, to which the editor has appended a few paragraphs on Charcot's joint disease; then come rickets and mollities ossium; and lastly, diseases of the blood—scurvy, anæmia, hæmophilia, and purpura.

Here ends all that the author had prepared for publication before his death; but, in fulfilment of the original design, the editor, Dr. Pye-Smith, has supplied the chapters upon Diseases of the Skin. Comprising upwards of one hundred pages, these chapters form a valuable part of the work, especially as the subject is dealt with in a manner which is much to be admired. Rejecting all attempts at a "natural" classification as useless, and condemning the binomial nomenclature as "pedantic, cumbrous, and barbarous," Dr. Pye-Smith first defines the various "elementary lesions" characterising cutaneous disease, the distribution of the lesion, and the circumstances attending the case. He then deals with the diseases in the following order: Eczema and common superficial dermatitis, papular forms of common dermatitis, pityriasis rubra, psoriasis, pemphigus, scabies, erythema, disorders of sebaceous glands, hair-sacs, and sweat glands, ringworm and its allies, with other affections of the hair, chronic deep inflammations and hypertrophies, lupus, leprosy, tumours of the skin, pigmentary, hæmorrhagic, and neurotic affections, concluding with some practical remarks on classification and diagnosis. It would be impossible to do justice to the writer by attempting an analysis of these chapters; it must suffice to say that he has done much to place dermatology on a scientific basis by this monograph, and that he has admirably filled the place of the author of the work. It is not for this contribution alone that the reader is indebted to Dr. Pye-Smith. He has had the sole responsibility of arranging and editing the manuscripts of this work for publication, and we can imagine that he has willingly devoted much time to this really formidable task; for although of necessity the rapid progress of medical investigation renders it almost impossible for a work such as this to comprise all the most recent advances in knowledge, much can be done by the assiduous supervision of a careful editor to supply such deficiencies. This Dr. Pye-Smith has done with conscientious regard to the author's work, and the result is a treatise which may be claimed to be among the most scholarly and scientific works upon medicine, and one which is deserving of the most careful study.

Descriptive Catalogue of the Pathological Specimens contained in the Museum of the Royal College of Surgeons of England. Second Edition. By Sir JAMES PAGET, Bart., with the assistance of JAMES FREDERICK GOODHART, M.D., and ALBAN H. S. DORAN. Volume IV. London: Printed for the College, and sold by J. and A. Churchill. 1885.

WE are glad to see that another volume of the new catalogue of the Hunterian Museum has been issued from the press. The fourth volume shows the same signs of careful work as characterise its predecessors. To recatalogue such a large collection of valuable specimens was a great task, but its accomplishment will add enormously to the value of the Museum. In this volume the specimens numbered 3514 to 4880 are described. They illustrate morbid conditions of the Urinary Organs, of the Nervous System and Organs of Special Senses, of the Generative Organs and Breast, and the Anatomy of Stumps. This volume therefore deals with matters of wide interest and importance.

AMBULANCE WORK IN BURMAH.—A class for the Volunteer Artillery at the Rangoon branch of the St. John Ambulance Association, instructed by Dr. T. F. Pedley, medical officer of the corps, has been examined by the Bishop of Rangoon, who holds the degree of Doctor of Medicine, and twelve members have been reported to St. John's Gate as entitled to certificates. The male classes held last year at Rangoon have recently been re-examined, and the Bishop is now instructing a large class of ladies, wives of officials, merchants, and others.

SUDDEN DEATH.—On the 2nd inst. Mr. W. J. J. Scofield, M.R.C.S., died suddenly at his residence in Bath. Mr. Scofield, who at the time of his decease was in his fifty-seventh year, had been in practice for some twenty years in Birmingham, and had retired and settled in Bath only about two years ago.

THE LANCET.

LONDON: SATURDAY, JANUARY 9, 1886.

IN a recent article on operations undertaken for the relief of patients afflicted with cancer of the œsophagus and of the stomach, we referred to the fact that doubt was sometimes expressed as to the justification of performing such serious operations on the subjects of incurable malignant disease. We were unable then to discuss this question, but it is one of so much moment that it is worth while to see what are the principles which should guide the surgeon when this problem is presented to him. It is essential to recognise from the outset the fact that the conditions of this problem may and do vary within very wide limits, at each extreme of which the right line of practice would be quite evident to any surgeon called upon to operate.

A great risk and a severe operation are only justifiable when the advantage to be gained is also great. Where, for example, an operation promises complete cure or long immunity from an otherwise certainly fatal malady, it is obviously right to undertake it, even if it be severe and dangerous. This is a somewhat self-evident proposition, and yet one of its applications to practice is often lost sight of. Experience has fully shown that, other things being equal, the success of excisions of malignant growths is largely dependent upon the period at which they are performed. As, therefore, an early operation for cancer offers a far greater prospect of long immunity from recurrence than a later one, a wider and more severe operation is justified in the earlier rather than the later stage. The contrary view is sometimes acted upon, even when not actually stated. Excisions of limited extent are often practised when malignant tumours are small, and because they are small and of recent origin; while in tumours of greater age and more extensive growth more formidable operations are readily undertaken, in spite of the small prospect of success they hold out. The converse should be the rule. When the surgeon has to deal with a case in which a free excision holds out a strong hope of long immunity or even of cure, a very thorough operation should be performed, even although it cause some deformity or mutilation, or expose the patient's life to danger. The great advantage to be expected from such an operation justifies the greater severity and the extra risk of such a procedure. Where the object aimed at is the removal of a malignant tumour, with the view of interrupting for a time, or stopping for ever, its growth, this principle should be kept in view, and if it were fully carried out in the early operations we believe the practice would be attended with most favourable results.

But this is not the only object for which operations are performed in patients suffering from malignant disease. Some are undertaken to promote comfort, even where there is no hope of removing the disease entirely. Thus it will afford considerable temporary relief to a patient's distress to excise an offensive fungating tumour of the breast or a painful mass of cancer in the mouth, even when there is no prospect of the operation eradicating the local disease. In such a case the surgeon should limit his procedures within narrow bounds, aiming to attain his end with the minimum of risk, and he should not be led to extend his operation to a wider range in the delusive hope of attaining some further good, simply because he is induced to operate at all to promote the patient's comfort. There is a temptation to argue thus: "Since an operation is justifiable or rendered necessary by the extreme local distress which is occasioned by the presence of the tumour, and which can be at any rate temporarily relieved by operative procedure, why not make it as wide as possible on the chance of delaying the recurrence for a long period?" The very condition for which the operation is undertaken renders illusory any such hope, and the surgeon should not be misled by a sophistry of this kind,, but should carefully regulate the severity of his procedure in any given case by the prospect of good to be attained.

The operation of colotomy for malignant disease of the rectum or sigmoid flexure affords another important illustration of a similar ethical principle. The relief that this operation affords is very marked; and there is every reason to believe that diverting the course of the fæces not only removes a source of pain, but lessens the rapidity with which the tumour grows and its subsequent ulceration. Hence, colotomy does not become more justifiable, but less so, in the later stages of the disease, when all the good it holds out is the relief of obstruction. When obstruction is complete the operation becomes very *urgent;* but the benefit it affords is at the best small, as compared with an earlier one, which may be effectual not only to prevent obstruction, but to relieve pain and retard growth. Too often this operation is postponed until the final stage of the disease, when the patient's powers are exhausted, and any procedure — even the simplest—has special peril; even then it may be justifiable. But it is bad surgery to postpone to a time when it is nearly valueless an operation which, undertaken earlier, is capable of affording great benefit.

In conclusion, we must allude to one or two views that are sometimes expressed in regard to such operations. It is said by some that where the surgeon is unable to afford complete or great relief, and especially where he is unable to remove the disease, he should not undertake any operation at all, for at best it only prolongs a miserable existence. In reference to this, it must be borne in mind that with universal consent surgeons have agreed to regard life as sacred, and its maintenance as the chief aim of their art. When once the quality of the life in point is allowed to be placed in one scale or the other, an element of confusion is introduced, and the surgeon in stepping out of his province assumes a responsibility that is not his. He must never allow himself to argue that life is not worth preserving or prolonging; to do so is always wrong and often dangerous, although the course of action it would indicate may be, for other reasons, in some cases the right one. Similarly, it is false to argue that because a patient is the subject of an incurable disease, or suffering severely, the fatal termination of an operation is any the less regrettable. *Fiat experimentum in corpore vili* is sometimes quoted as the justification for such a view;

the aphorism, however, will not bear this interpretation. As in the last case, the surgeon must refuse to consider the quality of a life when weighing the evidence in favour of or against the performance of a surgical operation. This is at once apparent if we remember that there is no sharp line to separate so-called operations from other milder forms of treatment. Where difficulties such as these present themselves, the safe course to pursue is to determine the aim with which any operation would be undertaken, and then to apply those principles we have already laid down. Amid all the isolated brilliant achievements of surgeons in this region of practice, it is doubtful whether some of these operations have resulted in adding to the sum-total of human life; the prolongation of a life here and there does not compensate for the cutting short of that of many others.

CHRISTMAS is all very well for the public, and especially the younger portion of the community, but it is no holiday-time for medical men; and the present festive season has been no exception to the rule. It is said that in the public institutions the holidays affect the attendance of numbers of patients. This is intelligible enough. Even those suffering from the graver diseases of a chronic order will naturally prefer home to a hospital at Christmas-time, and many of the less grave cases are beneficially affected by the distractions of the time; while no doubt to some extent the same influences tend at this season to the ignoring of disease in private practice, and to create a reluctance to consult the medical adviser. But, nevertheless, he is in much demand among both the rich and the poor. The forces of nature and of weather are on his side; and though he would gladly enjoy a little of the leisure that he sees others possess, he has to be content with scant enjoyments, and too often with scant sleep. This is true of any ordinary Christmas; but it is especially so of such a season as the present, in spite of the low mortality which the Registrar-General reports. The average temperature has not been low, and that is enough to explain the decline in deaths from diseases of the respiratory organs. But though the meteorological conditions of Christmas-time have been such as, happily, not to bring the usual number under the notice of the registrar of deaths, they have been bad enough to be highly inconvenient to many, and to occasion a good deal of work for medical men. The progress of medical science will, let us hope, make the Registrar-General less and less an authority as to the prevalence of sickness, and diminish the number of those who become the subjects of record in his returns. The list of any man in ordinary brisk practice at present might run very much as follows. Out of a list of, say, sixty patients, twenty-five or thirty would be cases of catarrh in some form or other—conjunctival, nasal, tonsillitic, bronchial, gastric, gastro-intestinal, hepatic, possibly renal or vesical. In one or two he is pretty sure to have had very high temperatures, varying from 100° to 104°, with or without a defined pneumonia. Most family practitioners will have been struck by the apparent infectiveness of these catarrhs, extending often through nearly the whole of eight or ten children, affecting them with various degrees of intensity. They seem to be interminable and depressing, whether as regards the persistence of the catarrh in individual cases or the succession of cases. One of the best remedies, by the way, in such cases is quinine, taken two or three times a day. Even young children will take this remedy well, and it will often pull them together and bring back normal temperatures more quickly than any other remedy. Perhaps this is especially so when pallor or perspirations accompany or alternate with the high temperature. The apyretic action of quinine will often be very striking. The drug may either be given in repeated doses during the day, or, when the night temperature is high, in one good dose at night. It is a curious novelty to see practitioners ordering quinine in cases where their predecessors would have prescribed James's powder. But the practice has much to recommend it, especially in certain families, where there seems almost an epidemic influence at work, and saline and expectant treatment fails to make any impression. One of the most troublesome forms of catarrh in the damp and foggy weather of the present Christmas-time has been the tonsillitic,—generally follicular in character, sometimes suppurative, but in some districts, especially of the metropolis, with a suspiciously diphtheritic appearance, affecting numbers in the same house, with marked prostration of strength, and perhaps slight albuminuria. It may well put London practitioners on their guard to learn from the Registrar-General that of twenty-four deaths from diphtheria in twenty-eight of the large towns of England in the week ending Dec. 26th, fourteen occurred in the metropolis. The fact suggests disinfecting measures and applications in all throat cases of a suspicious character.

Though disease has not been so fatal in its character as in severe weather it is apt to be, giving another contradiction to the well-refuted saying that "A green yule makes a fat churchyard," it has been considerable in amount and depressing and debilitating in character. Those happy mortals who can escape from our "fickle" climate, and go where the sun is seen to shine occasionally, and where the air is not laden with soot and fog, are to be congratulated; for those who cannot, medicine must be chiefly protective, strength must be preserved, sleep must be cultivated, fatigue and late hours avoided. The comfortlessness of the world without must be counteracted by genial light and warmth within, and by more clothing, and the disease, which may still appear in spite of our well-directed advice, must be met, as we have suggested, by measures that sustain the strength while rebuking fever.

WHENEVER Mr. HORSLEY undertakes to provide a course of lectures bearing on pathology, it is perfectly certain that his audience will not have to listen to lengthy dissertations on minute and comparatively uninteresting points. In the short course which he delivered in December at the University of London subjects of much importance and wide extent occupied the five lectures which have to be given agreeably to the clauses of the late Mr. BROWN'S will. In the last and present number of THE LANCET will be found full abstracts of the lectures, and we propose here to select the most important matters brought forward, and endeavour to submit them to whatever criticism they may seem to deserve.

Last year Mr. HORSLEY extirpated the thyroid gland of

monkeys and dogs, and obtained results which led him to the conclusion that this organ exercises very important metabolic functions. He believes that the thyroid in some way transforms mucinoid substances so as to make them available for further purposes in the economy, and he also produces evidence to show that the perfect formation of the blood is furthered by the presence of the same organ. It need hardly be said that Mr. HORSLEY was not the first to extirpate the thyroid gland from animals, nor was he the first to show that the symptoms thereby resulting belonged to the same category as those of myxœdema, cretinism, and cachexia strumipriva. But it was his chief care to prove that the loss of the thyroid was the *causa causans* of the symptoms, and that the likeness of artificial myxœdema to the other diseases just mentioned was something more than a mere similitude, and in fact amounted to more or less identity, only incomplete because of certain conditioning elements of time and space and other avoidable circumstances.

If the gland be slowly destroyed by a chronic sclerosing process leading to gradual disappearance of the working tissue, then we have myxœdema lasting a corresponding length of time, and manifesting a suitable group of symptoms. Rapid removal of an organ cannot be expected to give us the same order of symptoms as its slow destruction, and the more recent experiments of Mr. HORSLEY must prove of great value in the endeavour to bridge over certain gaps which, though of necessary theoretical existence, cannot, nevertheless, be disregarded, and may legitimately be pointed out by those who find themselves unable to admit identity unless on the clearest of evidence. Is the disease that follows removal of the thyroid in animals essentially the same disease as that known as myxœdema in man? If it be, cannot we by some means so manage to lengthen out the inevitably compressed disease, and so give the semblance a still greater likeness? This question appears to have been answered affirmatively by Mr. HORSLEY's recent experiments. He has found that monkeys which have been deprived of their thyroids can be kept alive for from four to six months by the employment of artificial heat. (*Vide* Lecture I., page 4 of THE LANCET.) This method not only prolongs the duration of life, but alters the mode of onset of the symptoms, and indeed tends to cause the disappearance of some of the symptoms of the early stages. It would be of much interest if it could be shown that a slowly induced artificial destruction of the thyroid in monkeys gave an even more perfect resemblance between artificial and human myxœdema. Is it not possible for an experimental pathologist to set up a chronic sclerosing process in the thyroid gland by means of a slow form of irritation such as that caused by setons, or by some other kind of continuous irritation? In contemplating the resemblances between the natural and the experimental diseases, allowance must be made for differences of constitution and for the time of life at which the removal takes place. Age exercises a very important influence in both the experimental and natural disease, for it is found that young dogs and animals die rapidly with a sort of convulsive group of symptoms; and KOCHER's results on man show that age also is a powerful element in the production of cachexia strumipriva.

Unexhausted as the subject yet is, this formed but a small part of the material that Mr. HORSLEY laid before his hearers. Questions of great weight in neurology occupied the chief part of his lectures. How endless is the practical study of the nervous system, what vast tracts lie unrevealed, what hidden depths unfathomed, not even the most accomplished neurologist could venture to assert. A superficial observer might think we had travelled a long way in the discovery that there is an excitable zone in the cortex of man, monkeys, and other animals; but the thoughtful alone know the shallowness of the step thus made in advance. It is true here, as elsewhere, that one thing more uncovered but reveals larger numbers of undiscovered facts beneath.

Mr. HORSLEY has greatly interested himself in the subject of the mode of discharge of nervous energy from motor regions, and he, with SCHAEFER, has arrived at the interesting conclusion that motor nerve cells appear to have a regular rate of discharge of about eight per second. We know that the idea of a continuous liberation of energy is not yet rooted out, but the very notion of a *discharge* conveys the element of intermittency. But what an important discovery, supposing it to turn out every way true, that this intermittence has a regular rate, and that nervous explosions do not act capriciously—as indeed no one would expect them to do. Mr. HORSLEY tells us that he has measured the rate of the tremors of artificial myxœdema, of the spasms of canine chorea, of the tremors of paralysis agitans, of the movements of disseminated sclerosis, and finds that the above-mentioned rate holds good. And Dr. GOWERS some years ago showed that the rate of an ankle-clonus was eight per second.

Another and separate field of work treated by Mr. HORSLEY was the graphic record of muscular movements resulting from stimulation of the various parts of the motor path from the motor-cortical region to the nerves. The tracing obtained from stimulation of the "motor" cortex is of a striking character: the muscle passes first into the tetanic state after a decided period of latency; but the fall of tetanus is perhaps the most interesting part of the myogram; the gradual descent of the lever is seen to be interrupted by waves indicating clonic spasms, which have the not unexpected, but still remarkable, rate of eight per second. These clonic spasms may be observed for a variable time after the cessation of cortical stimulation. This kind of tracing is regarded as pathognomonic of cortical discharges, for the lecturer assured himself that such clonic spasms only appeared when the motor cortex was in existence, and could practically not be obtained when stimulation was made of any part of the motor path below the cortex. Having investigated the myograms obtained from stimulation of the various parts of the normal motor path, he compared them with the myograms resulting from stimulation of the motor paths in cases of tremors of artificial myxœdema and canine chorea, and differences were found in the way of increased excitability and more rapid exhaustion, for the details of which the abstracts must be consulted. The relations of the thyroid to the pituitary body has led him to attempt the removal of the latter. This hazardous operation has been done twice with success, and the dogs lived five and six months without manifesting any special symptoms referable to the loss. The subject of

canine chorea has been investigated with thoroughness, and MR. HORSLEY'S chief contention is that the symptoms are due to the existence of a disseminated sclerosis.

THE health of London in 1885, judged by the mortality statistics issued by the Registrar-General in his returns for the fifty-two weeks that ended on Saturday last, was unprecedentedly satisfactory. The death-rate during the year did not exceed 19·7 per 1000 of the estimated population of Registration London, exceeding four millions. This rate showed a further decline from the low rates in the preceding two years (20·5 and 20·3), which were lower than the rates in any previous year since the Registrar-General's returns were first issued in 1840. The reduction in the London death-rate has been continuous since 1860. In the five years ending 1865 the mean annual rate was 24·4, and in the following five years (including the cholera year 1866) it was 24·3; while in the two five-year periods of the following decade (1861-70) the rate successively fell to 22·9 and 22·0. In the last five years (1881-5) the fall was more remarkable, the mean rate declining to 20·6, and the rate in each of these years was lower than in any previous year on record, excepting only 1850, which followed the fatal cholera year, 1849. Independently of the death-rate from all causes, the mortality statistics for 1885 afford other and conclusive evidence of improving sanitary condition. The death-rate from the principal zymotic diseases did not exceed 2·3 per 1000, against 3·5, 2·8, and 3·4 in the preceding three years, and was lower than in any year on record. The deaths from measles showed a slight excess, but those from each of the other principal zymotic diseases were below the average. The most marked decline was shown in the deaths from scarlet fever and from enteric fever—the two diseases, it may be mentioned, other than small-pox, to the isolation and treatment of which the Metropolitan Asylum Hospitals are mainly devoted. The deaths from small-pox, which had been 430, 136, and 913 in the preceding three years, were 899 in 1885. Infant mortality, measured by the proportion of deaths under one year to registered births, was equal to 148 per 1000, corresponding with the average rate in the preceding three years, but showing a decline of 10 per 1000 from the mean rate in the ten years 1871-80. Neither in London, nor in England and Wales generally, has the rate of infant mortality shown so marked a decline in recent years as has the death-rate of children above one year of age.

AT the last meeting of the North Dublin guardians, Dr. Kenny, M.P., the medical attendant at the workhouse, applied for and obtained seven days' leave of absence in order that he might attend the opening of Parliament. We shall watch with interest the amount of success which attends the attempt to combine the functions of legislator and attendant to the Dublin Workhouse, where his presence is required every day, in one and the same individual. It appears to us that either St. Stephen's or the sick paupers will suffer.

THE Professorship of Anatomy at Dorpat vacated by Dr. Stieda, who has gone to Königsberg, is to be filled by Dr. August Rauber of Leipsig, who was formerly assistant to Rudinger and Bischoff in Munich, and afterwards prosector for His in Basle, whence he went to Leipsig as prosector, and was subsequently appointed Extraordinary Professor.

Annotations.

"Ne quid nimis."

THE CONTINUANCE OF CHOLERA IN SPAIN.

CHOLERA is stated to have broken out at Algeciras in the province of Cadiz, on the western side of the bay into which Gibraltar projects on the east, and also at Marbella in the province of Malaga, and which lies on the coast about midway between Gibraltar and the city of Malaga. The result is that quarantine has been established at Gibraltar against both the seaports in question. Some surprise is often felt at the ready imposition of quarantine by a British possession such as Gibraltar; but quite irrespective of the views which may be there held as to the desirability of imposing this restriction or not, it must be remembered that Gibraltar has practically no option in the matter, for if it did not impose quarantine on communications with the neighbouring places and countries where cholera is alleged to exist, all surrounding countries, including Spain, would put Gibraltar in quarantine; and so its means of existence and its food-supplies would be cut off. It is further rumoured that cholera still tends to recur in the neighbourhood of Brest.

The province of Malaga was severely tried during the epidemic last year; in spite of official denials, there were more than 400 deaths in the town of Malaga itself distinctly due to cholera. The Spanish port authorities, for political and commercial reasons, and in obedience to orders received from Madrid, gave clean bills of health to the ships leaving this port; but the English consul was compelled to contradict these certificates and notify the presence of cholera. Under such circumstances and as there are not English consuls in every part of Spain, it is difficult to know what is really taking place. But it nevertheless seems quite evident that the cholera is still lingering, at least in the south and south-west. It has ominously approached the frontiers of Portugal, notably at the Christine Islands, near Huelva; and the cases, occurring so late in the year, suggest the possibility, if not the probability, of a sharp revival in the spring. Last winter the cholera continued at Toledo late in the year, not sparing its victims even when the snow was lying some feet deep on the ground, and it only ceased to break out again with the commencement of the spring. In the province of Valencia, the cholera also began this year just where it had left off during the previous winter. Thus, Portugal, and those portions of Spain which have not yet been severely tried, may still have to undergo a severe visitation.

HUNTER'S HOUSE.

IT is sad to think that the house and grounds occupied by the great naturalist and surgeon, at Earl's-court, will ere long fall a prey to the unsparing hand of "civilisation." One by one the relics of the past, which serve to keep green the memory and the recollection of many a noble life, are allowed to become extinct, or are ruthlessly destroyed. The contemplation of Earl's-court house brings vividly to mind the scenes transacted there by its former owner. Here it was that the great Irish giant, Byrne, or O'Brian, was by a pious fraud on the part of Hunter saved from oblivion. Hunter, being desirous of obtaining the skeleton of O'Brian, bribed heavily the guardians of the body who had been commissioned to bury it in the sea, and in order to ensure success in his enterprise boldly submitted the disjointed cadaver to the seething cauldron. This episode in Hunter's career shows the dauntless courage, the pertinacity of purpose, and the ever-present desire of seeking after knowledge for its own sake, which were

pronounced traits in the great anatomist's character. It was at Earl's-court, too, that Hunter watched so carefully the habits and studied the instincts of animals kept in captivity, and made innumerable observations and experiments, of which we have an imperishable monument in Lincoln's-inn-fields. It is not only the medical profession, of which he was so distinguished an ornament, that gained by the researches of Hunter, for his life-work forms one of the brightest spots in our national history. It is to be hoped that, if the "dens" where John Hunter kept imprisoned his ferocious leopards and the copper in which the mortal remains of the Irish giant were subjected to fervent heat cannot be allowed to rest longer in the place they have hitherto occupied, at least some attempt will be made to find a fitting receptacle for their future preservation. Is it too much to ask the learned member for the University of London to give a brief respite from care to his laborious ants and turn his attention to the safeguarding of "an ancient monument"?

POISONING BY PHOSPHORUS AT WOOD GREEN.

ON Dec. 30th an adjourned inquest was held by Mr. G. Collier, deputy coroner for East Middlesex, at the Lordship Tavern, Lordship-lane, Wood Green, touching the death of a single young lady named Edith Hunt, aged twenty-two. The deceased was about six months advanced in pregnancy. According to the evidence of Sarah Jane Thompson, who was in the service of Miss Hunt, the latter did not manifest symptoms of serious illness until Dec. 18th, when she complained of headache and pain in the chest. On the 19th vomiting set in, and on that date deceased is alleged to have stated, "I took some poison on Thursday week, and I have taken phosphorus paste." Mr. Webb, surgeon, who was called in the same day, prescribed for the sickness, and on the morning he found her "again vomiting *blood* and unconscious, and almost pulseless." She never regained sensibility. At the post-mortem examination the stomach was observed to contain a small quantity of "dark fluid" like that vomited. The opening inquiry was adjourned for the testimony of Dr. Tidy, who had been entrusted with the analysis of the stomach and its contents and portions of the viscera. Dr. Tidy's evidence was to the effect that "the stomach and intestinal linings were healthy"—a statement rather surprising when taken in conjunction with the observation of Mr. Webb, that deceased had vomited blood on two days. The viscera showed excessive and extensive fatty degeneration. *Phosphorus* was absent, but this was accounted for by the supposition that it had been taken in small repeated doses and had become oxidised. Dr. Tidy unhesitatingly averred that death was due to phosphorus-poisoning; and the collateral evidence lends great weight to this view, inasmuch as the deceased is reported to have acknowledged taking some "paste," and an almost empty bottle of James's phosphorus paste was found in the dresser drawer, together with an unopened bottle of the same. We do not wholly dissent from the view taken by Dr. Tidy, that the symptoms and their course were determined by the drug having been taken in small repeated doses; at the same time, it appears not improbable that the vomiting of blood might very well be explained as a *late effect*, and that only one dose may have been taken, and that, too, many days prior to the fatal issue. The researches of Tardieu and others prove that there is no poison more capricious in its action than phosphorus, and that, although the effects may be roughly classified as irritant, nervous, and hæmorrhagic respectively, there are many instances in which they coincide and succeed one another. If Miss Hunt's assertion, that she took the paste on a certain date, can be relied upon, assuming the witness spoke the truth, there is an end of the matter, for it seems certain that after the dangerous symptoms began to develop no fresh dose was exhibited, or the chemical analysis would have succeeded in detecting traces of the element. But the jury by their verdict—"That deceased met her death by phosphorus-poisoning, but how administered there was no evidence to show"—distinctly ignored the statement of Thompson concerning the confession of deceased. Some painful social matters were disclosed during the inquiry, which, to say the least, in our opinion, fully justified the rider to the verdict, "that the case required further investigation." A coroner's court is a court of first instance, or preliminary inquiry, and its main function is to arrive at the cause of death. It is desirable, no doubt, that the "how, when, and by what means" should receive a satisfactory answer, but this often requires more time than is at the disposal of the court. The verdict of the jury is no bar to further investigation.

THE BISHOP OF LONDON ON JUVENILE TEMPERANCE.

THE Bishop of London, in addressing the metropolitan members of the United Kingdom Band of Hope, congratulated himself and his fellow-teetotallers on the numbers of children growing up in London on temperance principles. This is a good fact, upon which society is indeed to be congratulated. There are few subjects on which medical authorities are more agreed than in thinking that children are far better without any form of alcoholic stimulant, and juvenile education of this sort is the best counteractive of that deeply inherited vice of English children which is the result of what Dr. Valpy French calls in his interesting book "Nineteen Centuries of Drink in England." Recent Christmas Days have given painful evidence that all London boys, or girls either, are not of the Band of Hope. It is a pitiable sight to see boys and girls of sixteen or eighteen reeling along the streets. All honour to the Bishop and his co-workers, who, we trust, will be supported by hosts and hostesses in the remaining holidays. The beverage at all children's entertainments should be non-alcoholic.

VERRUGA PERUANA.

THE Lima medical journals, *La Cronica Médica* and *El Monitor Médico*, are largely occupied with details concerning the fatal case of self-inoculation in a medical student which we mentioned in a recent issue. The disease is known under the names of Verruga Peruana, Verruca Andícola, and Fiebre de la Oroya, and appears to be peculiar to Peru, being "endemic in certain Cis-Andean localities, especially in Huarochirí and Yauyos y Canta, where the ground is from 3000 to 7500 feet above the sea." The disease is febrile, and is characterised by anæmia and by the appearance of red tubercles of variable size on the cutaneous surface of the body. A special bacillus is said to have been discovered by Dr. Isquierdo, Professor of Histology in the Faculty of Medicine of Santiago, Chili. This disease seems to have attracted attention from the earliest times, having been known in the time of the Incas. Augustin Zárate, in his History of Peru (1543), mentions a tract of country which is "very hot and very unhealthy, the inhabitants suffering particularly from very malignant pimples (verrugas) or furuncles with deep roots, more dangerous than small-pox and almost as much so as the carbuncles of plague." It is also mentioned by Dr. Cosme Bueno in his *Descriptiones Geograficas*, and by Tschudi in his work on Peru, 1843. The first scientific description of the disease is due to Dr. Salazar, whose graduation thesis at Lima in 1858 was entitled "Historia de las Verrugas." He considered it to be an endemic disease due to a poisonous virus. A considerable number of cases were observed about the year 1870 in districts where great excavations were being made in laying

railway lines, and it is worthy of remark that epidemics of pernicious anæmia also took place in Paris, when the boulevards were being constructed, and in Switzerland, amongst the workmen employed on the St. Gothard tunnel; and that during the excavations for the Panama Canal the workmen have suffered most severely from fatal malaria. In 1875 Dr. Nicanor Pancorvo read a paper before the Lima Academy of Medicine, in which he expressed an opinion that the cause of the disease was to be looked for in emanations of sulphuretted hydrogen from the ground; but his views do not seem to be at all largely accepted by the profession in Peru. The whole subject of the etiology of verruga peruana is, however, now being carefully studied, as it is to be largely discussed in the Peruvian medical societies this year.

SKATING.

IT is never safe in this country to speak of the enjoyment of any sport which depends on the weather in an anticipatory sense. At the moment of writing it seems not unlikely that the lovers of skating may find it possible to indulge their inclination at an early date; but when this sheet is in the hands of our readers, it may, for aught we can tell, be quite warm weather. What we have to say, therefore, is more general than particular, and relates to the exercise rather than to its performance. Beyond question skating is one of the finest of sports, especially for females. It is graceful, healthy, stimulating to the muscles, and it develops in a very high degree the important faculty of balancing the body and preserving perfect control over the whole of the muscular system, while bringing certain muscles into action at will. Moreover, there is this about it which is of especial value: it trains by exercise the power of intentionally inducing and maintaining a continuous contraction of the muscles of the lower extremity. The joints, hip, knee, and ankle are firmly fixed or rather kept steadily under control, while the limbs are so set by their muscular apparatus that they form, as it were, part of the skate that glides over the smooth surface. To skate well and gracefully is a very high accomplishment indeed, and perhaps one of the very best exercises in which young women and girls can engage with a view to healthful development.

POLLUTION OF WATER AND MILK.

LAST Saturday Mr. James Bateman, C.E., read a paper on the Pollution of Rural Water-supplies at the Association of Public Sanitary Inspectors, and pointed out the opportunities for contamination of water by surface drainage from manure heaps, piggeries, and land dressings, and the danger to which persons at a distance were exposed, through milk which received infection from admixture with such water by pail-washing or otherwise. Mr. Bateman was of opinion that there should be a determined opposition to the reception of milk from any but a farm certified by the sanitary authority as being properly drained and having a pure water-supply, for until this became law there would be periodical outbreaks of disease. He was afraid to hope for any great sanitary reform just yet, but the question of our food-supply must sooner or later claim the attention of Parliament, when doubtless that of the milk-supply would have its share, and this danger be made apparent. We fully endorse Mr. Bateman's remarks, and believe that much good would be done if greater attention were paid to the sanitary condition of milk farms. But the subject of milk infection is still in its infancy, and there are already indications that milk consumers are not altogether free from risk of disease if their milk-supply be received from farms where considerable precautions are not taken to ensure their condition being satisfactory from what is usually understood as the sanitary point of view. The investigation of all the circumstances which may give rise to milk infection requires prolonged and skilled observation; this is needed in the interest of the milk vendor as well as the milk consumer, and we would gladly see the cordial co-operation of all engaged in the distribution of milk in any step which is taken having for its object the increase of knowledge of the means by which milk contamination may occur. To wait for legislation is, we are afraid, to accept as inevitable for some years to come loss of life and loss of money. Knowledge must precede the passing of Acts of Parliament, and there is no reason why milk vendors should not in their own interest assist materially in its acquisition.

LONGEVITY.

IT has been said, with some degree of reason, that the maximum age attainable by man has risen somewhat during the present century over that recorded in former ages. In judging of such a statement some allowance for error must be made. The exact statistical calculations of our day should not, in fairness, be marshalled against the round numbers of less accurate traditions. The fact remains, nevertheless, that the limit of seventy years is now very frequently passed. Fourscore may even be reached by some without excessive labour and sorrow, and we have among us nonagenarians who carry on with still respectable proficiency the activities of their prime. Such effective longevity is a bright spot in the history of our advancing civilisation. Its comparative frequency, and its association with different physical types, suggest a certain generality in its origin, and encourage the hope that it may be, in some measure at least, dependent on personal conduct. It has been stated that no such condition can influence the length of life after middle-age. After that period inherited vital force is the only potential factor. To some extent this may be granted. If we fix an average of conduct, and suppose that a number of persons conform to it, we should certainly find the purest and most powerful constitutional types outlive the others. For instance, a gouty tendency does not enhance the prospects of old age. A rheumatic one is little better in this respect. The scrofulous are heavily weighted in the race of life by the chances of several infirmities. Nervous persons, again, are wiry, and may live through much trouble in virtue of their elastic tenacity. Then there are nondescript diatheses, which, except in their remote history, present no definite physical bias. Theoretically, these are most likely to furnish, under ordinary usages, the old men of a given time. It will be at once evident, however, that these are general statements, and that an unlikely individual will often exceed his own expectation of life, and by care, or from the suitability of his circumstances, will reach old age. In weighing the value of constitutional tendencies, moreover, another nearly related quality should be considered. This is disposition. The mind of a man must be more or less of the nature of his body, and accordingly we expect to find, and do find, that mental habit reflects in preferences, variations, rate of action, and the like, the type of processes in the lower tissues. So far disposition is merely a part of constitution, and cheerfulness, hope, apathy, or gloom are only expressions of physical change. That all such qualities react upon the body in such a way as to influence its vitality is undoubted. On the other hand, they may certainly be overruled by the action of the will, so as to be no longer mere bodily impulses, but trained servants of a governing intellect. They may thus acquire a compensatory value in correcting faults of constitution, and strengthen in proportion the tenure of life. This brings us to the sphere of intelligent effort. There can be no

doubt, in our opinion, that there is much room for exercise of private judgment and energy in seeking the prolongation of one's own life. If there is any known diathetic fault, this implies a law of one's being which will repay in a gain of vitality the man who recognises it and guides himself accordingly. The doctrine of the survival of the fittest does not work itself out by blind chance, or without evident design, even among the lowest forms of life. Much less is it to be believed that man is unable so to adjust his circumstances to his needs as to continue to live after a certain mean period. The weaker will sometimes prove himself the more tenacious of life by observing rational methods of living, of which the more robust is careless. Moderation has probably more to do with success in this respect than anything else. To eat sufficiently, and drink stimulants sparingly, to alternate work with adequate rest, and to meet worries heartily, will afford to everyone the best chance of arriving at a ripe old age.

HYDROPHOBIA.

As time wears on the aspect of M. Pasteur's experiments have a more and more favourable appearance. The number of individuals under his care must now be considerable, but still time is necessary to show how far his treatment has been successful. This must be so from the nature of the case, seeing that so few bitten by rabid dogs ever develop hydrophobia. M. Pasteur meanwhile cannot complain of want of confidence in him, for his doors admit not only large numbers, but also members of the medical profession—assuredly not a slight tribute to his personal renown. The Professor has, it appears, consented to receive a Hungarian doctor as a pupil, to be nominated by the State. With the object of giving facilities for the carrying out in London of M. Buisson's plan of treatment by means of baths, provision has been made for the reception of patients at an establishment in Wilton-place, Belgravia. It seems that a "dread of mad dogs" was highly prevalent in 1765, and the "Annual Register" of that date asserted that the whole nation was "actually groaning under the malignity of its influence." "The people sally from their houses with that circumspection which is prudent in such as expect a mad dog at every turning. The physician publishes his prescription, the beadle prepares his halter, and a few persons of unusual bravery arm themselves with boots and buff gloves in order to face the enemy if he should offer to attack them. In short, the whole people stand bravely upon their defence, and seem by their present spirit to show a resolution of not being tamely bitten by mad dogs any longer."

DR. MEZGER AND THE POPE.

THE announcement that Dr. Mezger of Amsterdam has been summoned to the Vatican to attend the Pope has once more directed attention to a mode of treatment extensively practised on the Continent in many diseases of nervous origin. Massage is of considerable antiquity as a remedial agent, but it was not until the publication of Mezger's classical paper in 1868 that it received what may be called official recognition. The different steps of the procedure have to be carried out in a certain definite order, and no little skill is required for the due performance of the various manipulations. It has no connexion in any way, as is often ignorantly supposed, with rubbing or shampooing, but constitutes in itself a definite mode of treatment. The great danger, in this country at all events, is that it should fall into the hands of unqualified persons. No *masseur* or *masseuse* should under any circumstances be allowed to undertake the treatment, unless under the immediate direction of the patient's medical adviser.

SIR JAMES CRICHTON BROWNE.

THE honour of knighthood is well bestowed in the case of Dr. Crichton Browne. At the comparatively early age of forty-six, with a career in medicine dating from 1861, he has well won his spurs as a scientist, and will wear them not only worthily but with the esteem of his profession. In what we like to call the physiological pathology of cerebral disease and in the applied science of psychological medicine Dr. Crichton Browne has rendered important services to his profession and to the public. Notably did he serve the community last year, when, successfully overcoming the opposition offered to his benevolent enterprise by the officials of the Education Department, he aroused public attention to the fact that, under pretence of educating the brain of the juvenile population, the administrators of an ill-advised code and of a short-sighted system of payment by results were really stunting and crippling the brains of the rising generation, with every reasonable prospect of projecting the baneful influence of their mistaken policy on to the succeeding generation, and perhaps the next. The futile endeavour of Mr. Fitch to counteract the effect of Dr. Crichton Browne's report will be fresh in the recollection of our readers, and they will rejoice that not only was the obstructive effort abortive, but that the truth and energy of Dr. Crichton Browne's enterprise have been acknowledged as they deserved to be. Sir James Crichton Browne has our hearty congratulations, and in the recognition of a well-earned honour the whole profession will join.

ALLEGED ILLEGAL ABORTIONS.

ON December 31st, William Turnbull, surgeon, and Mary Nottage, midwife, were committed to take their trial on the charge of having caused the death of Charlotte Louisa Clifford by procuring abortion. The facts relating to the case, as disclosed at the inquest, have been published in our columns. There have been several remands at the police-court for the attendance of a Mrs. Burton, supposed to have been an important witness, as it was alleged, and indeed admitted, that it was she who introduced the girl Clifford to the male prisoner, for what purpose constitutes one issue the jury at the Central Criminal Court will have to decide. Previously to the hearing at the police-court on Dec. 31st Mrs. Burton died, and an inquest was held by Dr. Thomas, coroner for Central Middlesex. At the latter inquiry it was given in evidence by Mr. Pepper that the death was owing to pyæmia following abortion. The uterus was enlarged in every way, and at the fundus a portion of placenta was found attached. There had been some pelvic cellulitis, resulting in abscess; and the neighbouring lymphatic glands were much enlarged, and one had suppurated. The left knee-joint and both wrists were distended with pus, and the calf of the left leg was in great measure destroyed by suppuration and sloughing. There was no recent peritonitis, but several organised adhesions between the pelvic viscera showed there had been inflammation at a distant date. It will be remembered that whilst Clifford was residing in the house of Mr. Turnbull, where she subsequently died, Mrs. Burton sent a messenger to inquire as to the state of her health. The husband of the deceased woman, Burton, deposed that Dr. Raynor was the usual medical attendant of the family, but that his wife at the commencement of her fatal illness refused to have him called in, but insisted on having Mr. Turnbull. This gentleman continued to visit deceased up to the time of his arrest for having, according to the theory of the prosecution, procured an illegal abortion on Clifford. From that time Dr. Raynor attended Mrs. Burton, whom he found extremely ill with acute inflammation of the joints and an offensive discharge from the vagina. Unfortunately for the interests of justice no depositions were taken from Mrs. Burton, so

that her knowledge of the affair must in great measure remain unknown, except so far as it can be gathered from collateral circumstances. She is reported, however, to have admitted that she might have miscarried, and that she "had taken a lot of stuff in rum." The coroner's jury found that Mr. Turnbull was chargeable with having caused the death of Mrs. Burton by procuring abortion, and the magistrate, Mr. De Rutzen, has commited him to take his trial on the charge at the next sessions of the Central Criminal Court, which commence on Monday next.

FIREPROOF DRESSES.

So much attention has been directed to the recent deaths from burning at Stoke, that it may be well if we indicate in general terms the methods by which ball-dresses and other delicate fabrics can be rendered incombustible. There are many chemicals employed for this purpose, the most popular, perhaps, being tungstate of soda. It is comparatively inexpensive, and by the outlay of a couple of shillings the dresses of the whole household may be protected from fire. To three parts of good dry starch add one part of tungstate of soda, and use the starch in the ordinary way. Should the material not require starching, dissolve 1 lb. of tungstate of soda in two gallons of water, well saturate the fabric, and then let it dry. It will not affect in any way even the most delicate colour, and ironing does not interfere with the efficacy of the process. Muslin so treated may be held in the flame of a candle or gas lamp without catching fire, so that, although the part in contact with the flame may be charred or even destroyed, there is no danger of its spreading. In the Exhibition of 1872 Mr. Donald Nicoll exhibited a starch which possessed the property of rendering the finest cambrics and muslins not only uninflammable but almost incombustible. It has always been a matter of surprise to us that some of the makers of washing powders should not have turned their attention to the subject. Ladies should decline to purchase light dress materials which are not shown to be practically fireproof.

In reference to the means to be adopted to lessen the injury likely to be sustained by an individual whose dress unfortunately has become ignited, Mr. John Marshall has contributed to a lay contemporary some judicious hints. As he states, the best course to pursue for a person in such circumstances is to throw himself or herself flat on the floor, so that the flames, which ascend, should not be capable of attacking the head and upper part of the body, where the most serious injuries are usually sustained.

AMMONIA IN ANTHRAX AND CARBUNCLE.

DR. LEONIDAS AVENDANO, in a paper read before the Union Fernandina, a Lima medical society, testified to the great value of ammonia in anthrax and "carbunculous diseases." Indeed, he expressed his opinion that it "is a specific, and that it should be the only drug used." In cases of malignant pustule, he advises that after an incision has been made, some drops of the official solution of ammonia should be introduced into the wound with the hope of destroying the bacilli there and of the ammonia finding its way into the circulation before the bacillus does and thus converting the blood into a fluid in which the parasite cannot multiply. In addition, some ammoniacal salt, such as the acetate, should be given internally, and on the slightest suspicion of general infection resort should at once be had to intravenous injections of ammonia, in doses of ten drops of the official solution diluted with an equal quantity of distilled water. In cases of malignant œdema and carbunculous fever, too, "the microbe should be attacked directly in the blood, ammonia being injected into the circulation." The author detailed several cases in which immediate improvement and ultimate recovery had taken place in patients apparently moribund by the use of repeated ammoniacal intravenous injections. He concluded by claiming for Peruvian medicine the honour of having suggested and proved the value of intravenous medication in no less than four different diseases: Dr. Leno Alarco having first injected chloral in tetanus, and ammonia in septicæmia or purulent infection; Drs. Armando Vélez and F. P. del Barco having employed capsicum injections into the veins of yellow fever patients; and Dr. Néstor Corpancho and himself having originated the treatment above described in carbuncle.

ESCAPE OR RESCUE FROM A BURNING BUILDING.

IT ought to be generally understood that, whether in escaping from a burning building or in endeavouring to rescue a person who has been unable to escape, the aim should be to keep the head as low as possible, by stooping or crawling, as, although smoke is heavy, the purest and most easily respirable air will nearly always be found in the lower stratum of the atmosphere, near the floor or ground. Another point to note is that with the aid of a damp but not wet cloth, such as a blanket held over the head and face, but far enough from it, a considerable atmosphere may be carried around the head sufficient to last for some two or three minutes, if the precaution be taken of breathing as little as possible, and through the nose instead of the mouth, the object being to avoid irritation of the larynx or air-passages, which would produce cough, and by emptying the lungs necessitate deep breathing, with disastrous results. The blanket or cloth, if damped, must not be made sufficiently wet to generate steam, or the heat will have an exaggerated effect, and the length of time during which respiration is possible will be seriously abridged. Great self-possession is the first essential condition of a successful exercise of courage in connexion with fire. Every act must be carefully though quickly thought out, and the peril clearly understood and intelligently faced, or no good service for self or others can be successfully performed.

CHOLERA NOSTRAS AND CHOLERA ASIATICA.

DR. J. SEMMELINK, formerly principal medical officer to the Dutch army in the East, points out, in his recent studies on the history of cholera, what, in his opinion, is the relation of cholera nostras to cholera Asiatica. Certain birds—for example, hens—lay their eggs during a considerable portion of the year without any contact with the male bird; and the eggs, though in all appreciable respects precisely similar to fertile ones, are nevertheless sterile, the difference between the two sorts being altogether hidden from the physiologist. So also, the symptoms of cholera nostras and Asiatic disease, including the rice-water evacuations, collapse, and other typical signs, are such as to prevent even the most experienced physicians from deciding as to the precise nature of certain cases. And yet it is maintained there are between the two diseases essential differences, the vital one being that cholera asiatica is transmissible. Cholera nostras, represents, according to Dr. Semmelink, the sterile egg, the fertile egg corresponding to the Asiatic disease. Referring then to Dr. Koch's recent researches, he is inclined to consider that the comma bacillus in the Asiatic disease may constitute the difference between the transmissible and the non-transmissible affections. Dr. Klein's recent researches do not bear out this view in so far as the pathological organism in question is concerned; but it is quite possible that micro-pathology may some day afford the means of distinguishing between cholera asiatica and cholera nostras.

There is, however, in many outbreaks, no sharp line between the behaviour of the two diseases in so far as their sporadic or epidemic character is concerned; and it is quite likely that an organism common to the two affections may, under some circumstances of soil, climate, and other surroundings, acquire a power of reproduction and of transmissibility which it would otherwise fail to do, and that the essential difference between the two diseases may be brought about by the influence of these surroundings, rather than by the presence in one of them of a definite organism which is altogether absent in the other.

MOTOR PLATES IN PERIPHERAL PARALYSIS.

THE experimental researches of Gessler on traumatic peripheral neuritis have been made on guinea-pigs and lizards. He has been at pains to determine the modifications that the terminal plates in muscles undergo from the onset of paralysis to the commencement of the cessation of muscular excitability, to the full development of the degeneration, and through the final regeneration. Five or eight days may pass without any signs of degeneration in the terminal plate. Fourteen days after the operation, however, the nuclei of the sarcolemma are seen to be multiplied, and the muscular fibres atrophied; in the muscle plates the nuclei are proliferated, whilst the nervous fibres still preserve their integrity. After twenty-eight days, when the inexcitability has attained its maximum, the muscular fibres are profoundly wasted, the nuclei of the sarcolemma are increased in number as well as the granular nuclei of the terminal plate, whilst the chloride of gold method fails to reveal the presence of any nerve fibres. When eigaty days have elapsed the muscle is found to be infiltrated by connective tissue, and the wasting has reached an extreme degree. When it occurs regeneration sets in about the sixtieth day, and the first stage consists in the restoration of the terminal motor plates. All the changes are still slower in the cold-blooded animals. The paper may be consulted in the *Centralblatt für die Med. Wissensch.* 1885, p. 475.

CHRISTMAS IN THE HOSPITALS.

IN most of the metropolitan hospitals the usual Christmas festivities have taken place, and the hearts of the inmates gladdened by suitable presents—to the children toys and fruit, to adults articles of clothing and sums of money. The decorations of the wards in these institutions were in many instanes excellent, and reflect credit on the taste and ingenuity of those who were responsible for them. The world may, as pessimists would have us believe, be growing daily worse, but Christian charity has not been extinguished, as is proved by the efforts made during the past fortnight by the healthy and the wealthy to cheer the lot and brighten the lives of those unfortunate sufferers condemned to spend their Christmas in a hospital.

EYE DISEASES IN WHITE AND COLOURED RACES.

AN interesting paper on the "Comparative Frequency of Eye Diseases in the White and Coloured Races in the United States" appears in a recent number of the *Archives of Ophthalmology*, from the pen of Dr. Burnett, who has paid special attention to the subject. Taking the various diseases from a topographical point of view, he finds in the first instance that the diseases of the conjunctiva occur with about the same frequency in the two races. Scrofulous conjunctivitis, including herpes of the conjunctiva and herpetic ulcers of the sclera and cornea, is most frequent in the coloured races. It is remarkable, however, that trachoma is almost unknown amongst the black race, and is rare even amongst the mulattoes. Dr. Burnett thinks that the trachoma granule or follicle is a deposit of material analogous in character to tubercle, since, like tubercle, in disappearing, the tissue in which it is embedded is destroyed and a cicatrix is the result; and, further, in the circumstance that each fresh attack of trachomatous inflammation is the manifestation of a fresh deposit, and when successive crops of them occur total destruction of the mucous membrane is seen, as may be observed in most old cases of trachoma. In regard to diseases of the cornea, there is in the negro a disproportionately large number of cases of inflammation of all kinds. The proportion of cases of iritis is nearly twice as great in negroes as in white people, though the percentage of syphilitic iritis is about the same. On the whole, Dr. Burnett is of opinion that in cases of operation the prognosis for the negro is as good as for the white man, though the negro is more liable to secondary iritis.

SMOKY CHIMNEYS IN COLD WEATHER.

A SMOKY chimney is an exceedingly great nuisance in a sick room, and even after the well-known method of creating a draught by holding a newspaper against the front of the grate, so as to create an up-draught by preventing a down-draught, has been adopted, the chimney will smoke in cold weather. This is because the upper part of the chimney is cold, and the fire in the grate has not power enough to heat the column of air sufficiently. Good may be done by lighting a fire in some room on a higher floor, the flue of which is in contact with the upper part of the chimney from the sick room; but the best plan probably is to create a blaze—if the chimney has been recently swept, and it is safe to do so—by placing on the top of the fire some sticks and paper, or one of those wheels of fire-wood which are sold prepared with an inflammable material. The purpose is to raise the temperature of the upper part of the chimney as rapidly as possible, and to keep it well heated. It may not appear worth while to make this self-evident suggestion, but as a matter of fact no one can see much of the sick in private houses without being struck with the relative greatness of the discomfort to which they are exposed by failure to adopt what would seem obvious precautions. It is necessary, therefore, to assume that matters so simple as this even are too often forgotten or unknown.

THE OVERHEAD WIRES AGAIN!

The first heavy fall of snow in London this season has already broken down many of the wires that stretch across squares and streets in most localities, and nothing but good luck has prevented the occurrence of fatal accidents. When will London be in the same enviable state as Chicago, with respect to this matter? In the American city, about 3000 miles of electric wires have been put underground, and it is estimated that all the wires in the business portion of the city will be underground by May 1st.

EXPERIMENTAL DENUTRITION.

THE quantity of soluble substances in an organ increases after its removal from the body. According to Quinquaud, these substances are precisely like ordinary waste products of the living organism. The organ is placed under certain conditions of temperature, aeration, and sterilisation; so it is believed that there is no actual decomposition. Hence the name denutrition, which may on Quinquaud's view be regarded as a posthumous descending metabolism or disintegration. By employing the comparative method, observations of the quantity and quality of an aqueous extract obtained from various organs may be made. It was ascertained that the spleen, liver, and lungs were the organs in which disassimilation was most active; it was less marked

in voluntary muscles, in the heart and brain, and most feeble in osseous tissue. Carbonic acid, and especially oxygen gases, were found to promote denutrition, whilst hydrogen and nitrogen hindered the changes. Chloroform, ether, and alcohol in feeble doses repressed denutrition, whilst hydrocyanic acid favoured it. Further development of the subject can alone show whether this method of investigation will enable physiologists and therapeutists to penetrate further into the mysteries of nutrition and the mode of action of drugs.

PATHOLOGICAL SOCIETY.

AT the annual meeting for the election of officers for the ensuing year, the scrutineers of the ballot (Dr. F. Willcocks and Mr. D'Arcy Power) declared that the gentlemen nominated by the Council had been duly elected; the list was published in the last issue of THE LANCET. The most noteworthy change is the resignation of Dr. Goodhart and the appointment of Dr. Coupland as hon. secretary. Mr. Butlin, hon. secretary, read the report of the Council, indicating the continued prosperity of the Society, which numbers altogether 682 members. Dr. Charles West proposed, and Dr. Thomas Barlow seconded, the resolution that the report of the Council and the balance sheet of the treasurer be received, adopted, and printed in the Transactions of the Society. Mr. J. W. Hulke, F.R.S., proposed, and Dr. W. B. Hadden seconded, the chief vote of thanks of the meeting in a resolution expressing the feelings of the Society at the able and admirable manner in which Dr. Goodhart, the retiring secretary, had conducted the affairs of the Society during his three years' tenure of office. This vote was carried with cordial demonstration. The vote of thanks to the other retiring officers was moved by Dr. Pye-Smith, and seconded by Mr. Swinford Edwards.

VISITORS TO SMALL-POX HOSPITALS.

IN his last annual report on the Western Hospital belonging to the Metropolitan Asylums Board, Mr. Sweeting refers to a certain number of persons who were admitted into the small-pox wards within thirteen days of having visited the hospital to see patients who were dangerously ill. Such persons, themselves receiving the infection, must necessarily constitute a source of danger to the outside public as soon as they sicken from the disease they have contracted; and Mr. Sweeting suggests that, since nothing short of the compulsory revaccination of all visitors to the small-pox wards will get over the difficulty, submission to that operation should be invariably insisted upon. Visits are already restricted to dangerous cases, and, if revaccination were enforced, a serious risk would be avoided and a substantial benefit would at the same time be conferred upon the visitors. During the year small-pox occurred amongst some scarlatina convalescents, and Mr. Sweeting, failing other sources of infection, is obliged to suggest as possible that the infection was due to aerial transmission.

THE CASE OF HENRY PATRICK.

WE are glad to observe that the course suggested by ourselves in reference to this case has been taken, and that on consideration it has not been deemed decent to hang a decided epileptic. There must always be enough of doubt under conditions such as these whether the perpetrator of an act criminal in itself ought to be punished as if he were responsible; and when the alternative issues are instant death on the scaffold or deferred death in penal servitude, we think it expedient that the convict should have the benefit of a doubt. The case of Henry Patrick is not one for an asylum, but servitude under surveillance, and this doubtless will be his fate.

AN OLD ANATOMICAL PREPARATION.

PROFESSOR ROTH of Basle has recently been engaged in investigating the history of a remarkable relic which the University of Basle possesses. It is a skeleton prepared by the founder of anatomy, Andreas Vesalius, and as it bears the date 1543 it may be justly regarded as the oldest anatomical preparation in existence. Professor Roth has published a pamphlet upon the relations of Vesalius with the old Swiss town, from which it appears, contrary to previous ideas, that the great anatomist only once took up his residence in Basle—viz., in 1543, when he came from Padua for the specific purpose of seeing his great work, "De Humani Corporis Fabrica," through the press of Jo. Oporinus, and that during that visit he undertook no official teaching. The dissection of the human body was at that time most reluctantly allowed by the authorities, and it was only occasionally that the body of a criminal was sent to the medical schools, such a concession having previously to 1543 happened only once in Basle—viz., in 1531; and one may imagine the intense longing for such an opportunity on the part of the University students and professors to occur whilst Vesalius was with them. Their desire was gratified. On the 12th of May in that year one Jacob Karrer was beheaded for a murderous assault upon his wife, and the body was handed over to the University, to be dissected by Vesalius. On the afternoon of that day, and for many days afterwards, the great master taught to students and teachers a new anatomy; and when the dissection was completed he prepared the skeleton, and with his wonted generosity presented it to the University—a gift in those days of no trifling value,—where to this day it remains, in the words of the inscription, "Artis et industriæ suæ specimen." As the possessor of the only known relic of the greatest of human anatomists, the University may well be proud of its treasure.

MEDICAL CONTRACT BY TENDER AT THE CAPE.

THE Government of the Cape of Good Hope have set a thoroughly vicious example of how *not* to make medical appointments. Wanting medical men to attend convicts employed in restoring the roadway through Meiring's Poort, in the divisions of Oudtshoorn and Prince Albert, the Commissioners of Crown Lands advertise that they will be prepared to receive tenders. Hitherto such duties have been assigned to duly qualified practitioners at fixed allowances. Now they are to be assigned by tender, as if medical men were ready to compete at a kind of Dutch auction. We hope the Commissioners will consider whether this is the way to get good medical servants, even for convicts.

THE EAST-END TAILORS.

THE special report of our Sanitary Commission on the Polish colony of Jewish tailors in the East-end of London, which we published on May 3rd, 1884, still continues to bear good fruit. Reproduced by the Jewish and the local papers, this report gave rise to a violent paper warfare. Many meetings were also held, and a trade union of working tailoresses was formed under the auspices of the Women's Protective League. Some years previously the men engaged in this branch of tailoring—i.e., the "slop work" done by foreigners in the East-end of London—had also attempted to organise a trade union. Special difficulties, however, stood in the way, and the society never became strong enough to influence the trade. Overwork under the most insanitary conditions has continued to be the rule. The description by Mr. Lakeman, Inspector of Factories, of the poisonous atmosphere in which they work fourteen hours consecutively confirms the complaints made in our report. It is fortunate that many of the details

given have found an echo in the press, for the problems involved will not solve themselves. By trade associations, and the exercise of their political influence, the skilled and better educated artisans of England have obtained a reduction of the hours of labour, and sufficient wages to enable them to live in a fairly healthy manner. But these advantages, secured after many years of arduous struggle by the "aristocracy of labour," cannot be acquired by the half-starved exiles from Russia who work with the residuum of the East-end population. In this case the elements of self-regeneration are not strong enough; and therefore outside help, such as that which Mr. Lakeman has attempted to give, is as justifiable as it is necessary.

ROYAL BOTANIC GARDENS, CALCUTTA.

THE annual report of Dr. King, the superintendent of the Royal Botanic Gardens, gives some interesting information regarding the work done during the year 1884-5. There were 12,056 plants received and 23,433 sent out from the garden, and there were 1201 packets of seeds received and 2972 distributed. The subject of the cultivation of fibre-yielding plants received special attention; an attempt to introduce the plantain from which Manilla hemp is derived (*Musa textilis*) proved a failure, the plants being killed by the low temperature of the cold season. The *Sanseviera Zeylanica*, which furnishes an admirable fibre, not difficult of extraction from the plant, has been found to grow well, and a number of plants of it have been distributed during the year. The Japan paper mulberry, the bark of which furnishes one of the best materials for paper, has thriven remarkably well, and Dr. King is in hopes that it may be extensively cultivated on the odd corners of land near the villages. The *bhabur* or *sabai*, to which he directed attention in his report for 1877-8, "has now become a recognised material for paper, and is largely used in local manufacture." A number of green stems of the *rhea* were given to "persons interested in discovering an efficient, cheap method of extracting the fibre." In connexion with the important discovery of the anæsthetic properties of cocaine, the cultivation of the coca plant received much attention, with a view to propagating it for distribution. The condition of the gardens appears to be very satisfactory, and the conservatories are reported to be in as high a state of efficiency as possible.

ARTIFICIAL TEETH.

ANOTHER warning against the practice of not removing artificial teeth at the time of retirement to bed is reported. Miss Turnerelli, sister of a Roman Catholic priest at Sunderland, was found about a week ago struggling and choking in bed. The interior of her throat was horribly lacerated, and three false teeth found embedded in it were with difficulty extracted. The shock proved fatal, and the unfortunate lady succumbed to her injuries. For the sake of cleanliness as well as comfort, and the removal of a grave peril to life, these products of our civilisation should invariably be removed at night-time, and it is to be hoped that other wearers of these appliances will profit by a contemplation of the sad fate that has befallen Miss Turnerelli.

PIGMENTARY HEPATIC CIRRHOSIS IN DIABETES.

HYPERTROPHIC pigmentary cirrhosis has been carefully described by MM. Hanot and Chauffard as occurring in the course of diabetes mellitus. M. Letulle has met with two other cases of the kind, and these are well reported in No. 20 of the *Bullet. et Memo. de la Société Méd. des Hôpitaux*. In the first case, that of a man aged forty-eight, there was melanoderma and contractions of both palmar fasciæ; the autopsy revealed the hypertrophic cirrhosis, and pigmentation of the heart, lungs, and spleen. The second case, also a man, aged sixty-two, had no ascites and no melanoderma, but there was purpura hæmorrhagica. It is curious that in the first case, where there was excessive pigmentation of the hepatic cells, the glycosuria disappeared some weeks before death. Two excellent plates illustrate the morbid conditions in the liver. The author is chiefly concerned with the subject of the origin of the pigment, and believes it to be formed from hæmoglobin.

THE FUTURE OF THE MEDICAL CONGRESS.

WHETHER it be the spirit of the Christmas-time, or the late, but sure, triumph of good feeling over all disintegrating and discordant sentiments, several journals of the States are beginning seriously to discuss the terms of a compromise to obliterate controversy and establish the success of the Congress. The proposal of the *Medical News* is for a union of the present Executive Committee with the original enlarged General Committee, and for this joint body to begin the work of preliminary organisation *de novo*. We adhere to our view that outsiders do best in leaving all healing processes to those on the spot. Domestic differences are best adjusted at home. We abstain, therefore, from expressing any opinion on any particular suggestion. We only say "Blessed are the peacemakers," and repeat the expression of our hope that, for the sake of the profession in the United States and throughout the world, this great cause may be yet crowned with such success as a united profession in the United States cannot fail to ensure.

DETERMINATION OF THE SEX OF THE FŒTUS.

THE possibility of determining, or rather of making a good guess at, the sex of a fœtus before birth has occupied the attention of a good many observers at various times. One of the latest contributions to the elucidation of this question is supplied by a paper by Señor Juan B. Bidart, who examined 100 cases—ninety-nine in the maternity ward of the San Francisco de Borgia Hospital in Santiago, Chili, and one at home—his own wife, in fact. His observations were mainly directed to rapidity of the beats of the fœtal heart at the termination of pregnancy; and the conclusion he arrived at was that when the number of beats is below 135 a minute the child is usually a boy, and when the number is above 145 it is generally a girl. He found that under these circumstances he could diagnose the sex correctly in 92 per cent. of the cases. When, however, the beats were between 135 and 145 it was quite impossible to do more than guess at the sex. Frequent examinations must be made before the rupture of the membranes so as to obviate the chance of mistaking a temporary irregularity for the ordinary rhythm. Of course the auscultation must be made in the intervals between the pains if labour has already commenced.

SURREPTITIOUS PRACTICE.

WE feel that it is our duty to call attention to a pernicious custom becoming daily more prevalent, which if persisted in, must in time materially affect those cordial relations which have hitherto existed between medical men and our large charitable institutions. We refer to the casual and surreptitious private practice frequently carried on by the resident medical staff outside the walls of the hospital. If a surgeon choose to take his house-surgeon or dresser to a private operation to give the anæsthetic or assist him in any way, no objection can be raised; but when a member of the resident staff, contrary to the rules of his office, takes on himself to act the part of a consultant, or, under cover of a friendly interest, give gra-

tuitous advice respecting the conduct or progress of a case under the care of another physician or surgeon, we cannot resist the conclusion that a grave error of judgment has been committed. Temptations of this kind are thrown in the way of those holding posts at hospitals, and they are not always easy to resist, especially when a qualification to practise has only recently been obtained; but a little consideration will, we are sure, serve to convince even the most unthinking that any departure from the strict line of rectitude and professional honour cannot but be attended with the gravest consequences.

PORTRAIT OF DR. WILKS.

THE profession will be gratified to know that the portrait of Dr. Wilks, published by Mr. D. H. Menzies, 154, West Regent-street, Glasgow, is a very satisfactory one. The ample dome, the thoughtful expression, and the whitened locks of the great physician and pathologist of Guy's are all well rendered in a picture which presents a skilful and an effective combination of the art of photography and lithography. It is a valuable contribution to medical portraiture.

DISPENSING PRACTITIONERS.

EVERY now and again hard things are said by the lay press, and even by members of our profession, writing "at large," against practitioners who dispense. It should be generally understood that when a qualified medical man dispenses his own prescriptions, it is done not because he likes to do so, but because there is some reason why the course taken appears necessary, or at least expedient. Endeavours to make the public suppose they are not as well served when the practitioner is also the dispenser are unworthy. Everyone who knows anything about the facts must be well aware that this is not true. Meanwhile, we are clearly of opinion that it is better that practitioners should only prescribe, not dispense; and anything like an overture on the part of druggists to render this universally practicable, in towns at least, will, we are assured, be hailed by the profession as a boon. The difficulties of solving problems of possibility are, however, very great, and no hasty measures or sweeping change in this matter will succeed.

RESTORATIVES OR STIMULANTS.

OF late the subject of refreshments for messengers, waiters, and others who are accustomed to serve the public convenience, has received considerable attention. The suggestion that tea, coffee, or cocoa should in such cases take the place of spirituous liquors comes in good time. It has long been a recognised fact that drinks of the former class were much to be preferred to those containing alcohol, in conditions of ordinary health, whether as sustaining strength under fatigue or as opposing the action of cold. The suggestion is therefore worthy of general adoption. The reform which it would introduce into social usage has been found to work well under the most trying conditions of travel and amid the hardships of war, and is at least deserving of a more extended trial at home.

SAFETY ON RAILWAYS.

WE are glad to see that the Amalgamated Society of Railway Servants, speaking through its secretary, insists strongly, in the interests of safety, that "overwork on railways is highly dangerous, and ought to be abolished." No words can express this opinion too forcibly. It is simply a wanton tempting of danger to over-work men upon whose perfect clearness and quickness of attention and presence of mind the security of life and limb depends.

FEMALE LABOUR AT COAL-PITS.

MR. ELLIS LEVER has just published a statement which deals, among other matters, with the condition of women employed in the Lancashire mines. Young girls are included in this class. Their work certainly is not quite so heavy as that of the men, inasmuch as actual tunnelling does not fall to their lot. Short of this they would appear to do anything. They carry, load, bank, and screen the coal, and they dress as men when convenient for working purposes. We have before objected to this misuse of the energies of the female sex. Physically, women are not designed for such occupations. With every allowance made for the possibilities of evolution in a race bred from birth among the pits, it must still be evident that coal-heaving is, at the colliery as well as the depôt, a labour of which only strong men are really capable. To impose it on women is to overstrain them. Socially and morally, it is difficult to see how anything but coarseness of tone and the degradation of domestic life can result from this system. The practice is far from being general in other coal districts, and we sincerely hope that Mr. Lever's disclosures may help to liberate the mining body in Lancashire from their unfortunate pre-eminence in maintaining it hitherto.

THE profession in St. Petersburg has been somewhat excited by some selections which have recently been made to some rather coveted hospital appointments. The question of nationality has been rather unpleasantly obtruded, the "thorough Russians" complaining that they are being elbowed out by Germans, and their opponents retorting that there are many hospital superintendents whose names are German, and who may be of German descent and even speak German at home, but they are all bound to be Russians, and that they certainly have no better chance of appointments than anyone else. Whatever they get is obtained by their own worth and ability.

THE hospital physicians and surgeons of Paris, to the number of 106, have signed a petition addressed to the Minister of the Interior, praying that the *religieuses* in the hospitals to which they are attached may be retained. In the present temper of the French people, it is thought that this petition will not be granted; but in the interests of the sick, who are most closely concerned with the matter, it is to be hoped that it will not be disregarded without careful consideration.

AT the meeting of the Wigan School Board on the 5th inst., a report from the medical officer of health was read on the prevalence of measles in the borough, and the suggestion was made that the usual Christmas holidays should be prolonged. The closure of the public elementary schools has frequently been effectual in checking epidemics of measles, and there is no doubt that the same satisfactory result will in a short time be attained in Wigan.

THE Committee of Management of the Aberdeen Royal Infirmary have at last decided to consult an architect as to the improvement of the present building and the capabilities of the site. It is a pity that this was not done before; still, better late than never. Mr. Saxon Snell has been selected to advise the committee, and will visit Aberdeen for that purpose early next month.

IT is stated that Dr. Herbert Watney, who at the general election unsuccessfully contested Greenwich against Mr. Boord, has been invited to become a candidate in the Liberal interest for the vacant seat for Croydon.

THE Paris correspondent of the *Daily News*, in a recent letter to that paper, gives an interesting account of a visit he paid last month to the Hertford Hospital, an institution for the treatment of anyone born wherever the Queen's sovereignty is acknowledged, and maintained, at a yearly cost of between £4000 and £5000, at the sole expense of Sir Richard Wallace.

OWING to the great prevalence of scarlet fever at Leicester, and to the probability that it is mainly propagated by children attending the elementary schools while in an infectious condition, these have, on the suggestion of the sanitary authority, been closed for three weeks, instead of the few days usual at the Christmas holidays.

MR. T. HOYLE, son of the late coroner, has been appointed by the City Council to the coronership of Newcastle-on-Tyne. We are sorry that the Council did not embrace the opportunity of electing a medical man.

ON the 5th inst., the death occurred, at Bath, of Mr. E. C. Holland, L.R.C.P., M.R.C.S. The deceased, who was in his seventy-first year, had for some time suffered from cancer in the neck.

DR. HAGENTORN has resigned the Professorship of Surgery at Kieff.

IT is estimated that there are now in the United States 120,000 practitioners of medicine, including non-graduates.

THE ITALIAN HOME OFFICE ON CHOLERA IN 1884-85.

SIGNOR MORANA, Secretary-General to the Minister of the Interior in Rome, has just issued an elaborate report on the cholera epidemic in Italy during 1884 and 1885. His facts, in the main, are already familiar to our readers; the conclusions he draws from them are interesting, as those of an intelligent and fair-minded official.

In 1884, in compliance with public opinion and the advice of the highest medical authorities in Italy, an attempt was made to bar by force the entrance of cholera through the Alpine passes, and, also by force, to limit its ravages to certain foci of infection. This system of defence was not, according to Signor Morana, without results. It retarded the invasion and it limited its spread; "but in substance it did not attain the end for which it was designed."

In 1885, following the counsels of an international conference attended by the greatest lights in hygiene from every country, and with the experience of the past year as a guide, Italy refrained from the policy of material force; removed the frontier barriers and sanitary cordons, and, while maintaining the usual defensive measures at sea, left the land open, but never lost sight of possible importers of the cholera germ, and even accompanied them with wakeful and suspicious eyes to their very domicile. This precaution, according to Signor Morana, succeeded in detecting the disease as imported by various travellers, and so in isolating and suppressing it. But he confesses it did not attain the supreme end of securing exemption from the epidemics, which, indeed, eluded even the quarantine afloat and effected a landing in Sicily.

"The conclusion," he says, "is inevitable, that the only certain means of successfully resisting the shock of the epidemic is that of facing it boldly and so intercepting it, to which end the primary means are—good personal and local hygiene, isolation and stamping out of the first cases, effective drainage, disinfection, and the wholesale destruction of all articles even suspected of impregnation with the disease, so as to destroy its means of life, of reproduction, and of propagation."

But clear and precise as his conclusions are as to the worthlessness of quarantine by land and sanitary cordons, Signor Morana's Italian critics are loth to part with a means of defence which a section of the population seems to make necessary in Italy. An able writer in the *Nuova Antologia*, just published, says *à propos* of this population: "We admit that such defensive measures are not called for in the case of ordinary travellers or in that of well-to-do families who are fleeing from the epidemic. From Naples, in the first two or three days of September of 1884, the trains kept pouring thousands of fugitives into Rome, without importing a single case of disease into the city. But when we have to deal with the flight and the home-return of masses of operatives, things take quite a different aspect. Here lies the distinction between us and the northern countries. We have, picking up their livelihood abroad, thousands upon thousands of poor compatriots who, on the outbreak of an epidemic, either take to flight or are constrained, even against their will, to return to their native home from want of employment. Among these are mendicants, rag-dealers, itinerant musicians, and vagabonds of every shade. In 1884 there was a stampede to Italy of persons who had been stricken with the cholera at Toulon; some of them had been employed in bringing the victims to the epidemic; others, again, had bought at Toulon and Marseilles articles already used by the dead, or coming from sources more than suspected. To disarm ourselves entirely against an immigration of this kind seems to us a capital error. On the other hand, Austria, Germany, France, Belgium, Holland, and Denmark send few or no such *industrianti* abroad, and therefore have to defend themselves only against ordinary travellers, who, as we have shown, are not dangerous. We ought, therefore, to be very wary in adopting provisions or systems from other states which live under different hygienic conditions." The contention is not without a substratum of truth, and explains the otherwise unaccountable partiality which Italy retains for defensive measures long abandoned elsewhere.

One important point made by Signor Morana is his proof that in the winter of 1884-85 cholera was still in Italy long after municipal bulletins as to its presence had ceased to be issued. On February 15th there was a case at Afragola; on March 3rd another at Crevalcore; on the 7th another at Capannori, and so on through all the successive months till its explosion in Sicily, chiefly at Palermo. Long before it appeared at Marseilles it was numbering victims and giving every evidence of its virulence in the Alta Italia, in Central and Southern Italy, and even in communes and provinces which had remained exempt from it in 1884. But no steps were taken to arrest it in this stage. One of the most valuable conclusions to be drawn from Signor Morana's report is the necessity of stamping out cholera when in a state of hibernation, so to speak; when, as in the past winter, it had been reduced to manageable dimensions and its victims were counted by units. The hygiene, personal and local, the isolation of first cases, the drainage, the disinfection, the destruction of suspected articles—admirable prescriptions in themselves—are apt to be postponed till long after the enemy has effected a foothold, and when all they can do is simply to diminish the mortality. This has been eminently the case in Italy, where, as Signor Morana further points out, there is a strange reluctance, not to say incapacity, to admit that the disease is really Asiatic cholera, even when every symptom betrays its character. For instance, in 1884, at Pancalieri, the malady declared itself on July 20th in two cases, but these were set down as simply cases of "gastric disturbance" until the 27th, by which time twenty-four cases and eight deaths brought the local authorities to their senses. Notably at Spezia and Naples, and in 1885 at Palermo, the malady had for weeks been an unobserved or unacknowledged guest, and was not recognised in its true character till after it had assumed epidemic proportions. With such tardy, imperfect diagnosis, Signor Morana has no difficulty in showing that land quarantine or sanitary cordons, even if efficacious in themselves, have not a chance of proving their efficacy.

DEATH UNDER CHLOROFORM.—Last week we recorded a death from chloroform occurring in Newcastle-on-Tyne. In the same city another has since occurred. The deceased was eleven years old, and the drug was administered for the purpose of facilitating the reduction of a dislocation of the hip. The jury at the inquest returned a verdict of "Death from misadventure," and exonerated the medical attendants from all blame.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 6322 births and 4360 deaths were registered during the week ending January 2nd, being the fifty-second week of 1885. The annual death-rate in these towns, which had been 20·3, 23·0, and 19·3 per 1000 in the preceding three weeks, rose last week to 25·3. This increase was mainly due to deferred registration from the previous week, the last two days of which were Christmas Day and Bank Holiday. During the thirteen weeks of last quarter the death-rate in these towns averaged only 20·0 per 1000, and was 2·6 below the mean rate in the corresponding periods of the nine years 1876-84. The lowest rates in these towns last week were 16·0 in Hull, 17·7 in Brighton, 18·4 in Sheffield, and 19·6 in Sunderland. The rates in the other towns ranged upwards to 28·1 in Preston, 29·5 in Manchester, 31·7 in Halifax, and 36·0 in Nottingham. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 419 and 395 in the previous two weeks, further rose last week to 497; they included 168 from whooping-cough, 163 from measles, 49 from diarrhœa, 41 from diphtheria, 38 from "fever" (principally enteric), 34 from scarlet fever, and 4 from small-pox. No death from any of these zymotic diseases was recorded last week either in Norwich, Wolverhampton, or Halifax; they caused the highest death-rates in Bolton, Plymouth, and Nottingham. The greatest mortality from whooping-cough occurred in London, Cardiff, and Bolton; from measles in Bolton, Nottingham, and Plymouth; from scarlet fever in Leicester and Birkenhead; from "fever" in Preston and Portsmouth. The 41 deaths from diphtheria included 25 in London, 3 in Birmingham, 3 in Salford, 2 in Nottingham, and 2 in Liverpool. Small-pox caused 6 deaths among the residents of London and its outer ring, 2 in Liverpool, and 1 in Bristol. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had declined in the preceding seven weeks from 90 to 48, further fell last week to 41; the admissions to these hospitals, which had been 13 and 9 in the previous two weeks, were but 2 last week. The Highgate Small-pox Hospital contained 7 patients on Saturday last, one case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 503 and 383 in the preceding two weeks, rose last week to 610, and exceeded the corrected average by 94. The causes of 128, or 2·9 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Portsmouth, Brighton, and four other smaller towns. The largest proportions of uncertified deaths were registered in Hull, Sheffield, and Newcastle-upon-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 24·1 and 22·9 per 1000 in the preceding two weeks, further declined to 21·6 in the week ending Jan. 2nd, and was 3·9 below the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 17·7 in Dundee and 18·4 in Aberdeen, to 27·3 in Paisley and 29·9 in Perth. The 528 deaths in the eight towns showed a decline of 32 from the number in the previous week, and included 13 which were referred to whooping-cough, 8 to "fever" (typhus, enteric, or simple), 6 to diarrhœa, 3 to scarlet fever, 2 to diphtheria, and not one either to small-pox or measles; in all, only 32 deaths resulted from these principal zymotic diseases, against 56, 51, and 43 in the preceding three weeks. These 32 deaths were equal to an annual rate of 1·3 per 1000, which was 1·6 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 7 and 12 in the preceding two weeks, were 13 last week, of which 9 occurred in Glasgow, 2 in Edinburgh, and 2 in Aberdeen. The 8 deaths from "fever" also showed an increase upon the numbers in the previous two weeks, and included 4 in Glasgow, 3 in Edinburgh, and 1 in Paisley. The 6 deaths attributed to diarrhœa showed a considerable further decline from recent weekly numbers, and were 5 below the number in the corresponding week of last year. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 178, 175, and 151 in the previous three weeks, further declined last week to 143, and were 31 below the number returned in the corresponding week of last year. The causes of 88, or nearly 17 per cent., of the deaths in the eight Scotch towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 34·4 and 22·8 per 1000 in the preceding two weeks, further rose to 37·1 in the week ending January 2nd. During the thirteen weeks of last quarter the death-rate in the city averaged 27·0 per 1000; the mean rate during the same period did not exceed 19·5 in London and 19·0 in Edinburgh. The 251 deaths in Dublin last week showed an increase of 97 upon the number returned in the previous week, and included 32 which were referred to the principal zymotic diseases, against 23, 28, and 16 in the preceding three weeks; 17 resulted from whooping-cough, 6 from "fever" (typhus, enteric, or simple), 6 from diarrhœa, 1 from measles, 1 from scarlet fever, 1 from diphtheria, and not one from small-pox. These 32 deaths were equal to an annual rate of 4·7 per 1000, the rate from the same diseases last week being 3·6 in London and 1·0 in Edinburgh. The fatal cases of whooping-cough, which had been 8, 15, and 10 in the previous three weeks, rose last week to 17, and exceeded the number in any previous week of the year. The deaths referred to "fever" and to diarrhœa also showed a considerable increase upon the numbers in the previous week. Thirteen inquest cases and 6 deaths from violence were registered; and 79, or nearly a third of the deaths, were recorded in public institutions. The deaths both of infants and of elderly persons showed a marked increase upon the numbers in the previous week. The causes of 37, or nearly 15 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

"HYPOPION" AND "HYPOPYON."

To the Editor of THE LANCET.

SIR,—In the ophthalmological section of your interesting summary of the Annus Medicus for the year 1885 you refer (presumably) to the condition of pus in the anterior chamber of the eye under the term *hypopion* (see THE LANCET, Dec. 26th, 1885, p. 1197.) Though this is a common way of spelling the word, it is, I submit, incorrect, and should be *hypopyon*. So far as the word hypopion is applicable to a pathological condition, it denotes, not a collection of pus, but an extravasation of blood into the lower eyelid—in fact, what is called a "black eye." Both the words "hypopion" and "hypopyon" are to be found in the works of Hippocrates and of Galen, or in the writings ascribed to them, as well as in the writings of many other Greek medical authors; but their meanings are never confounded. "Hypopyon" is derived from *ὑπόπυον*, and primarily signifies a collection of pus anywhere; whereas "hypopion" comes from *ὑπώπιον*, and primarily signifies the part of the face under the eye.

In the seventh book of the *Epidemics*, which has been erroneously ascribed to Hippocrates, mention is made of certain swellings about the knees and feet which resemble purulent infiltrations, *ὥσπερ ὑπόπυα*. Later, however, the term "hypopyon" was applied commonly, if not exclusively, to pus in the anterior chamber or in the cornea. In the treatise *Medendi Methodus* Galen not only definitely states that pus in the eye is called "hypopyon," but gives an interesting account of the practice of a contemporary oculist, named Justus, who cured many hypopya by shaking the patient's head. The word is similarly employed in some of the spurious Galenic writings, and from the time of Galen forwards is not infrequently used by the other Greek medical authors.

The word "hypopion" underwent a characteristic change before it dropped out of ordinary use. Originally it was employed to signify, as already stated, the part of the face under the eye (see Hippocrates, *de Intern. Affect;* Ruffus Ephes., *de Appell. part. corp. hum.*, lib. i., cap. vi.; Oribas, *Medicin Collect. de Ruffi Comment.*, cap. i.; *et al.*) Later,

doubtless from the frequency of the lesion, the term came to signify an ecchymosis of the lower lid (see Galen, *de Compos., sec. loc.*, lib. v., cap. i.; Pseudo-Galen, *lib. de Virt. Centur.*, cap. iv.; *lib. de Med. fac. parab. ad Solon*, cap. xii.; Oribas, *Euporist*, lib. iv., cap. l.-li.; *de Virt. Simplic.*, lib. ii.; *de rebus à A incip.*; Aëtius, *Tetrabib.* ii., ser. iv., cap. ii.; Paulus Aegineta, lib. iv., cap. xxx., *et al.*)

In the case of the two words referred to in this note, it will be seen that it is of absolute importance not to confound the letters *i* and *y*. Some degree of care and discrimination is more important now, perhaps, than ever, inasmuch as from ignorance of the significance of the letter *y* as a representative of the Greek *upsilon*, there seems to be a growing tendency to adopt a false representative in the letter *i*. I am, Sir, yours truly,

Harley-street, Jan. 1st, 1886. JOHN TWEEDY.

THE REAL CAUSE OF HOSPITAL DISTRESS, AND THE ONLY MEANS OF CURE.

To the Editor of THE LANCET.

SIR,—I have noticed, more especially this Christmas-tide the numerous and urgent appeals made to the public on behalf of hospitals both in the lay and medical press; in the latter, many of these appeals have in a general way been made the subject of editorial remarks urging their importance. It has often occurred to me, and it has been more especially brought home to me at the present time, when I notice the persistent frequency and increasing urgency of these appeals, that the subject is one very little understood by the general public and very little cared for by the profession, whom it most concerns, and this very much to the detriment of both. To go to the root of the matter at once, it is most apparent to me that the real cause of this great and widespread hospital distress is the still greater and more rampant evil—viz., hospital *abuse*. Hospitals, as they now exist, and as at present managed, by granting aid to all who seek it within (and in many cases without) their walls, without exercising any discrimination as to the real fitness of the individual patient, are not only needlessly and heedlessly squandering the money of the benevolent, but they are at the same time inflicting a real and crying injustice on the large body of general practitioners who may, unfortunately, be obliged to attempt to practise under the shadow of their wings. But in this connexion there is a still greater evil existing, and this is the system that is gradually creeping into many of these institutions—of exacting a fee from all those who seek their aid, arranged on a sliding scale to suit the pocket of each patient. Our profession has never been accused of possessing too great a spirit of unanimity or co-operation; we have, in fact, always been a living contrast to trade-unionism; but for bare-faced robbery of the general practitioner, in order that patients and fees may be provided for the staff of a public institution, commend me to the system which I have now described. Under what plea of justification, I would ask, can any so-called hospital impose fees on patients of an amount equal to in many cases, and falling far short of in the majority of cases, the very moderate fees of the general practitioner? Is the competition fair and honest? Is it not rather carried on and fostered by subterfuge on the part both of the staff and governing body of these institutions? It is my misfortune to live in the immediate neighbourhood of three hospitals: one of these is a large general hospital, where free aid is granted to all applicants without comment or distinction, unless in a gross and very apparent case of what I may call "fraud." If such a case arise, what happens? Why, what I have many times seen is this, that the patient is requested to call the next morning at the physician's or surgeon's private house, and is mulcted in a fee of a reduced character; this may or may not be the proper treatment, according to opinion. I maintain that the proper place for that patient is the surgery of a general practitioner, and he should not be made a source of profit to any member of a consulting staff. And this brings me to another point—viz., Why is this system of total disregard of supervision in the patients fostered, and by whom? I believe, Sir, that it is fostered by the medical staff, and this for the express purpose of enabling them to build up a reputation by its means; for it stands to reason that a better class of hospital patients can have more outside influence than the very poor. That this is no imaginative view I am well assured, for many times have patients of my own, who have been able to afford to pay me bills of pounds, subsequently received free advice at this institution. Then, as to the two other hospitals to which I have referred. In these, payments are exacted from each patient. Some of this money finds its way into the pockets of the staff, and thus, as I have shown, the local medical man is defrauded under the guise of charity. Now, Sir, are hospitals and hospital staffs to be allowed to exist for the purpose of gathering within the walls of the one and the pockets of the other the people who are not poor and the money which should constitute the fees of the general practitioner? And herein lies the remedy: In the large general hospitals eliminate by a careful system of discrimination all but the really necessitous, and enforce in all cases a small charge for medicine (if the patient is a pauper, the parish doctor or workhouse infirmary is the proper place). In all accident cases, when the patients are in a position to pay for attendance they should be obliged to seek private medical aid as soon as their immediate necessities are attended to; and they should not be allowed to continue as out-patients for a long time. Were these suggestions carried out, I believe that the funds of every hospital would be sufficient for its wants; in any case, they would not be misappropriated as at present. With regard to the other class of hospitals of mushroom growth and predatory principles I would, in the first place, remove them from all participation in the Sunday and Saturday Hospital Funds, since they are not *charitable* institutions properly so called; and I would warn the benevolent of their tendencies. In the second place, let the medical men of the neighbourhoods where these exist organise a combined attack, by offering to do all that they do, and not passively to allow as at present their legitimate patients to be swallowed up by spurious and fraudulent eleemosynary institutions. Personally I intend to take this course, and I shall each morning and evening, in an attempt to stem this tide, devote one hour to patients who would otherwise become patrons of these establishments, and my scale of fees will be arranged on the same principles, to suit the pocket of each patient. Thus I shall hope to contribute my iota towards remedying this great evil of hospital abuse, and so alleviate, in some degree, the consequent distress, at the same time practically entering my protest against the wholesale spoliation of general practitioners by their professional brethren under the guise of charity, which here indeed does "cover a multitude of sins."

I am, Sir, yours truly,

Hampstead-road, N.W., Jan. 6th, 1886. JAMES S. M'DONAGH.

THE RELATION OF THE PAROTID TO THE GENERATIVE ORGANS.

To the Editor of THE LANCET.

SIR,—In the last number of the *Medical Times and Gazette* there is an abstract of a paper, read by Dr. Goodell before the American Gynæcological Society, on Inflammation of the Parotid Glands following Operations on the Female Genital Organs. He gives five cases, and ten were added by other members of the Society. Those who are interested in this subject will find in the same journal (vol. ii., 1881, p. 290) an account of five cases of parotitis after ovariotomy, which were published by Professor Möricke. I have a note of a similar case which occurred at St. Bartholomew's Hospital; and Dr. Cribb, of Highbury, allows me to refer to a case where acute parotitis, with a pulse of 120 and a temperature of 104·5°, followed the introduction of a pessary. I have also notes of parotitis after lithotomy and after circumcision. But there are cases where simple parotitis follows pelvic or abdominal injury or disease, without any affection of the generative organs: after gastrostomy (Transactions of the Medical Congress, 1881); after gastrotomy (Transactions of the Pathological Society, 1884); after evacuation of an abscess round the vermiform appendix (Transactions of the Clinical Society, Dec. 1885). And perhaps the parotitis of typhus and typhoid (*Medical Times and Gazette* vol. ii., 1885, p. 839) is of this kind. These cases of parotitis following injury, not of the generative organs, but of the abdominal viscera and peritoneum, may perhaps show that the relation of mumps to orchitis is not due to any connexion between the salivary glands and sexual glands, but to some wider connexion between the glands at the

beginning of the alimentary canal and the membrane which is reflected over the rest of it and over the testicles and the female generative organs. This was suggested at the last meeting of the Clinical Society by Dr. Barlow and Mr. Godlee. On the other hand, if the case of parotitis after circumcision, quoted above, was more than a mere coincidence, and if the few published cases of inflammation of the breasts and labia in mumps were more than coincidences, then there may be some special bond between salivary organs and sexual organs. It is said that in camels the salivary glands are enlarged during the breeding season, and Darwin has collected many cases of enlargement of the thyroid and the odoriferous glands in various animals during the same season ("Descent of Man," vol. ii., p. 18). Thus the salivary glands, like these other glands, like the hair on the body, and like the vocal organs, may be related directly to the generative organs. But it would be a good thing if we could get rid of guess-work, and find the connexion, in mumps, not between salivary glands and sexual organs, but between salivary glands and peritoneum.

I am, Sir, yours truly,

Wimpole-street, Jan. 4th, 1886. STEPHEN PAGET.

THE TREATMENT OF PERTUSSIS.

To the Editor of THE LANCET.

SIR,—There seems to be a tendency amongst medical practitioners, even at the present time of rational therapeusis, to consider too much the symptoms of a disease as a basis for their treatment, instead of the *fons et origo mali*. In no complaint have I noticed this so much as in whooping-cough. The medicines for the most part prescribed in this disease have generally an antispasmodic and sedative effect, such drugs as belladonna, bromide of ammonium, and croton chloral hydrate are, as a rule, the favourites. These frequently relieve the spasmodic cough, and, if the patients are cured by their means, it is simply because they are tided over the danger, and the disease is allowed to wear itself out. Now, there is a well-known symptom which is met with in nearly every case of whooping-cough, and that is the occurrence of offensive alvine evacuations; and it was the variation in the character of these, as well as in the number of whoops in certain states of the weather, that led me to make some remarks at one of the conferences held at the International Health Exhibition on July 17th, 1884, in the discussion following Dr. Tripe's paper on "Some Relations of Meteorological Phenomena to Health." If I may be permitted, I will quote from my remarks:[1] "During March and April, 1882, a rather severe epidemic of whooping-cough occurred at Chingford, a small village about ten miles to the north of London. Whilst watching the course of the cases he noticed on several occasions a decided remission in the symptoms, and then at other times a marked aggravation. This induced him to suspect some powerful atmospheric influences at work, and on consulting his charts he found that the increase in the number and violence of the whoops corresponded to an absence or a very low percentage of ozone or other purifiers in the air; whilst, on the other hand, a decrease was accompanied by an extremely deep tinting of the ozone papers. This seemed to suggest a new line of treatment, and forthwith all his little patients suffering from this disease were treated with an antiseptic medicine internally, and the result, he was pleased to say, was very satisfactory; and, moreover, further experience confirmed the plan adopted. He had not yet published in any of the medical journals this new therapeusis of whooping-cough. He would have done it before, but so many specifics had been recommended and found wanting, that he was loth to prematurely risk the possible addition of another to the list of multitudinous drugs of a questionable nature used in this complaint. The present time, however, seemed to be a happy one for making it public. It was just as well to refer to the fact that the pocket spectroscope would prove a rough and ready, but reliable, ozonometer to those who did not suffer from colour-blindness, and who possessed the requisite acuteness of vision."

The antiseptic medium referred to above is carbolic acid; this I invariably prescribe with tincture of tolu in as strong a dose as it is safe to give. Previous to commencing with this mixture, I always order a smart purge of compound jalap powder or compound scammony powder. The result of this treatment I have found to be, almost without exception, highly satisfactory, and in many cases it acts as a very rapid specific. To many readers it may seem almost incredible that this remedy has frequently cured little patients of the kinks and sickness after the administration of from ten to twenty doses of the mixture.

In suggesting the above line of treatment, it is far from my purpose to encourage empiricism, and to advocate these drugs as the only ones that ought to be administered; of course cases are met with where the addition of some other medicine to the above mixture would prove beneficial. I would further add that this remedy, as far as my experience goes, will be found as much a specific for this troublesome complaint as quinine is for intermittent fever.

I am, Sir, yours obediently,

Bournemouth, Dec. 10th, 1885. W. F. COBY.

[1] Quarterly Journal of the Royal Meteorological Society, vol. x., p. 284.

SUPRAPUBIC LITHOTOMY.

To the Editor of THE LANCET.

SIR,—From what has lately been very clearly and fully written on the above subject, it would appear to be *the* operation in many cases of vesical calculus. Having performed the operation twice in the last few weeks, I should like to mention what I have not seen suggested, but which very materially simplifies the operation—viz., to introduce a long *well-bent* sound into the bladder, and by depressing the handle to bring the point up close to the pubes; by so doing, the end of the sound is easily felt after the abdominal walls are divided. The opening into the bladder may be made upon the sound, which gives a firm support during the incision. It is not necessary to transfix the bladder with a needle, or bruise it in any way. The sound is retained in the opening until the finger is admitted into the bladder. By this simple procedure it becomes unnecessary to inflate the rectum, with its after-discomfort, or inject the bladder—a proceeding, according to reported cases, not without danger.

I am, Sir, yours &c.,

J. HODGSON WRIGHT,

Dec. 31st, 1885. Senior Surgeon, Halifax Infirmary.

MANCHESTER.

(From our own Correspondent)

A NEW PROTECTION SOCIETY.

SOCIETIES for the protection of the interests of the medical profession appear to be on the increase. In addition to those already existing in the metropolis, it was, at the last meeting of the Lancashire and Cheshire branch of the British Medical Association, resolved "That it is desirable that a Medical Defence Society should be formed in connexion with the British Medical Association," and a committee was appointed to inquire into the practicability of the scheme, and to report to the next annual meeting. Amongst the subjects discussed at the same meeting was an interesting one on "Alcoholic Paralysis," by Dr. Dreschfeld, who cited several cases that had come under his notice.

SIR WILLIAM ROBERTS.

The honour of knighthood conferred upon Dr. William Roberts is acknowledged by all to be well deserved by the recipient. Sir Wm. Roberts has done good work in the science of medicine, and has long occupied a leading place in the profession in the north of England. As a compliment to the medical profession generally it is satisfactory, for both law and science, in the persons of Sir Thos. Baker and Sir Henry Roscoe, have had this recognition conferred upon them; but since the death of Sir Jas. Bardsley, now some years ago, no medical man in Manchester has possessed the coveted prefix to his name.

THE NORTHERN COUNTIES HOSPITAL FOR INCURABLES.

At the annual meeting of this institution a letter was read from Mrs. Fraser, enclosing a cheque for £100 in memory of her late husband, the Bishop, and alluding to it as one of his favourite institutions. The number of inmates is at present eighty-four, the limit of accommodation is almost reached, and many applications are constantly received; therefore

the committee ask for means to extend the hospital so that 150 patients may be provided for. To do this, £10,000 will be required, and they appeal for this sum to meet a pressing want. The mayor of Manchester presided, and he testified to the economical administration of the institution, stating that for economy and efficiency it came very close to the Eye Hospital, which he had always considered to be in advance of most of our local hospitals in this respect.

INSANITARY CONDITION OF PUBLIC PLACES.

Complaints have of late been frequent and loud as to the deficient hygienic arrangements of two of our much-used public places—viz., the Free Trade Hall and the Coroner's Court. In the former, although a building of large dimensions, the condition of the atmosphere when crowded, as at our large concerts, is often well-nigh unbearable, necessitating the opening of doors, &c., which create draughts so keen that coat-collars are, perforce, turned up for protection. The ventilation is, however, now receiving attention, so that we may hope for better things. It is singular how difficult architects find this (in theory) simple matter of ventilation, especially in our public places of entertainment. The other building referred to is the Coroner's Court, and most medical men in Manchester who have had to attend this dreary place will admit the justice of the complaint that, not only in the ventilation of the court, but in all its surroundings and accommodation, or want of accommodation, it is a disgrace to the municipal authorities of the city.

THE TREATMENT OF INFECTIOUS DISEASES.

That constant source of squabbling between local sanitary authorities and boards of guardians, the responsibility for the cost of maintenance in hospital for patients suffering from infectious disease, has again come up—this time at the Gorton Local Board. This board was startled by the receipt of a bill for £76 from the Royal Infirmary for the use of the Monsall Fever Hospital in August and October only. If the local board had to maintain its own hospital, it would find that this sum would go a very little way towards its expenses. Whether the patients were on the borderland of pauperism or not is rather beside the question, or whether paid for by the guardians or by the sanitary authorities, the money in each case comes from the rates. The important feature is that these should be provided for in some manner that ensures their prompt removal as centres of infection, and at the same time in the most economical manner to the ratepayers. The consideration of this question opens up a much larger one as to the right principle of our present arrangement, and whether a charity supported by voluntary contributions like the Royal Infirmary should expend any of its funds for purposes which it is the duty of the health authorities to provide for.

COMPENSATION TO MEDICAL OFFICERS.

The extension of the city boundaries and the taking in of the Rusholme and Bradford districts has brought up the question of compensating the officials of the local boards of those districts. At the last meeting of the City Council it was proposed to pay an annuity of £24 and £8 respectively to the two medical officers of health of these districts, but there was some opposition to this, and since then one of the city auditors has given formal notice to the corporation that he shall hold its members responsible for any such illegal payments as compensation for loss of office.

The new Eye Hospital is now opened for the reception of out-patients, but the formal ceremony of opening is yet to take place. At present patients are treated at both the old and the new buildings.

Manchester, Jan. 4th.

PARIS.

(From our own Correspondent.)

POST-MORTEM EXAMINATION OF A HYDROPHOBIC PATIENT.

DR. BOCHEFONTAINE has very obligingly furnished me with the following report of the post-mortem examination of the body of the hydrophobic patient referred to in my letter of the 26th ult. The patient who died from rabies in Professor Vulpian's ward at the Hôtel Dieu, on the 11th of December last, was about twenty-seven years of age, and of muscular build. The autopsy was performed on the following day, when the undermentioned characters were noted:—A scar on the left arm about the level of the insertion of the deltoid. Brain: The grey substance of the cerebrum and that of the cerebellum, including the medulla oblongata, were highly congested, and the grey substance of the spinal marrow was also in the same condition. Larynx and trachea: The mucous membrane of these organs presented patches of a dark-red colour. The bronchial tubes, and in fact the whole tissue of the lungs, were of the same hue. An omental hernia was observed on the right side, but without any complication. Nothing particular was noticed in the other organs. The blood was loaded with bacteria. The ventricles of the heart were filled with coagulated blood and with discoloured fibrinous clots.

M. PASTEUR AND INOCULATION FOR RABIES.

The four American boys who, you will have heard, were bitten about three weeks ago at Newark by a dog reputed to be mad were brought to Paris for M. Pasteur's treatment. They were accompanied by a physician, and M. Pasteur inoculated them with the rabic virus on December 21st and subsequent days, the last inoculation having been performed on New Year's Day. They are now on their way to their homes. The youngest of the party, who is only six years old, was accompanied by his mother. I learn that the physician was initiated into the secrets of the preparation of the virus, but he did not take any back with him, as M. Pasteur gave him to understand that the virus would keep but a very few days, and that it would soon lose all its virulent properties at sea. Another American, by the name of Kauffmann, who came over in the *Labrador*, was bitten on Nov. 22nd. He was inoculated by M. Pasteur on Dec. 29th, and, although thirty-eight days had elapsed between the bite and the inoculation, M. Pasteur is hopeful of the successful issue of the operation. Another American, named Sattler, and who is said to be a physician, has also presented himself for inoculation, but M. Pasteur, not finding any scar or mark of a bite, declined to operate upon him. It turns out, however, that it was only a ruse on the part of the American, as he wished to learn the secret of M. Pasteur's mode of operation.

The Minister of Public Instruction of Hungary has written to M. Pasteur, asking him if he would consent to instruct a physician in the steps of his method of inoculation for hydrophobia. The answer being in the affirmative, the Hungarian physician is shortly expected here.

DEATH OF DR. DECHAMBRE.

I regret to have to report the death of Dr. Amédée Dechambre, which took place, from apoplexy, on the 4th inst., in the seventy-fifth year of his age. He was the editor of the *Gazette Hebdomadaire*, and was for many years connected with the Parisian medical press, of which he was the senior member. He was also member of the Academy of Medicine, physician to the Council of State, and officer of the Legion of Honour.

Paris, Jan. 5th.

Obituary.

JAMES MARR SNOW, M.R.C.S., L.S.A.Lond.

THE announcement of Mr. James Marr Snow's death, after a few days' illness, has been received with sincere regret, not only by his professional brethren in Lincoln and its neighbourhood, but also by numerous friends and patients. The deceased gentleman, who had practised in Lincoln for upwards of half a century, was highly esteemed, not only for his professional abilities, but also for his honourable character and kind and courteous demeanour towards all classes.

Mr. Snow was educated at the then United School of Guy's and St. Thomas's, and passed the College of Surgeons and Apothecaries' Hall in 1831. He shortly after commenced practice in Lincoln as partner with the late Mr. Rawlings. For many years he held the appointments of surgeon to the Royal North Lincoln Militia and the Lincoln Blue-coat School, besides having an extensive private practice. Mr. Snow appeared to be in his usual good health when he retired to rest on the night of Tuesday, December 22nd,

having been engaged seeing patients until late in the evening. On his servant going to his room on Wednesday morning, she found him partially out of bed. He remarked very quietly that he thought he must have had a shake, as he could not use his left hand, and he also complained of pain in his head. When seen shortly afterwards by some of his medical friends, it was only too evident that effusion had taken place on the brain. The usual symptoms followed, and a calm, painless death took place at 5 minutes past 6 on Monday morning, December 28th. Mr. Snow was buried in the cemetery of St. Mary Magdalene, on Tuesday, December 31st, his funeral being attended by several of his medical brethren and fellow-citizens, who will long bear his memory in affectionate remembrance.

PROFESSOR JOHN C. DRAPER, M.D., LL.D.

BY the death of Dr. J. C. Draper, which occurred on the 20th ult., from pneumonia, after an illness of only four days, New York has lost one of its most popular medical lecturers and authors. Born in Virginia in 1835, Dr. Draper graduated at the University of the city of New York in 1857, having for a year prior to this held the office of house-physician and surgeon of Bellevue Hospital. In 1858 he was appointed analytical chemist in the New York University, a position he retained for thirteen years. In 1860 he assumed the Professorship of Chemistry in the Cooper Institute, but relinquished it in three years; and in 1862 he served as surgeon in the United States Volunteers, and was on General Wood's staff at Harper's Ferry when that place surrendered. Professor Draper was widely and favourably known as an author, several of his works on Chemistry holding an important place amongst text-books. His last work, an advanced text-book on Medical Physics, was published a short time before his death, and such was the absorbing interest this work possessed for its author that the attention he gave it probably hastened his decease.

Medical News.

SOCIETY OF APOTHECARIES.—The following gentlemen passed the examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on Dec. 31st:—

Christopherson, Cecil, Grove House, Blackheath.
Fellowes, William Edmund, Newcastle-on-Tyne.
Lyndon, Arnold, Adelaide-road, S. Hampstead.
Maloney, William Robert Nuttall, Melbourne, Australia.
Young, Charles Wheeler Forrest, The Chase, Clapham-common.

The following passed the examination in the Science and Practice of Medicine, and received certificates to practise:—

Jowers, Reginald Francis, M.R.C.S., Old Steyne, Brighton.
Simcock, George, Mile End, Landport.

THE offertories at York Minster on the 3rd inst. were on behalf of the Royal Medical Benevolent College.

THE death of Joshua B. Lippincott, the well-known Philadelphia publisher and bookseller, is announced.

MEDICAL MAGISTRATE.—Mr. Robert N. Robson, M.R.C.S., L.S.A., has been placed on the Commission of the Peace for the city of Durham.

THE new Russian Society of Children's Doctors has just held its first sitting, Professor Bystroff being chosen president, and Dr. J. J. Radecki vice-president.

THE Glasgow Samaritan Hospital for Women, the first institution of its kind in Scotland, was formally opened on the 4th inst.

FLEET SURGEON SEDGWICK has taken over the duties of Senior Medical Officer of Portsmouth Dockyard, in succession to Mr. O'Malley.

PASTEUR INSTITUTE OF THE CITY OF NEW YORK.—This institution was incorporated on the 2nd inst., its declared objects being the study and treatment of rabies and diseases susceptible of inoculation. The names of the promoters furnish a sufficient guarantee that every effort will be made to attain the results for which the institute has been founded.

THE Austrian Minister of War has ordered compulsory vaccination with calf lymph for the whole of the Austrian Army. The order will be carried out with all expedition.

A DEATH from chloroform has occurred at Tunstall. The anæsthetic had been administered twice to the deceased on previous occasions, and he had come well out of it, but the third time proved fatal.

THE Hospital Sunday Collection in Liverpool will be held on the 10th inst. The amount realised last year was £9216, a sum which, it is to be hoped, will be considerably exceeded on Sunday.

A SENSIBLE RESOLUTION.—At the meeting of the Whitby Board of Guardians on the 2nd inst. several members stated that the amount of stimulants, averaging 9½*d.* per head per annum, used in the workhouse, was, in their opinion, excessive. Common sense, however, at last prevailed, and it was resolved that the matter be left to the discretion of the medical officer.

LONDON HOSPITAL.—On the occasion of the opening for inspection of the new Nursing Home adjoining this hospital, the 150 nurses of that institution determined to signalise the event by presenting their matron, Miss Eva Lückes, with a writing-table. Accordingly, on the 5th inst. they assembled to the number of 140, and the nurse who had been longest on the establishment, in the name of her colleagues, asked Miss Lückes' acceptance of the gift.

PROPOSED PUBLIC PARK FOR WEDNESBURY.—On the 30th ult. a Local Government Board inquiry was held at Wednesbury, touching an application on the part of the local board for sanction to a loan of £5000 for the provision of a public park. The project was opposed by several of the inhabitants on account of the proximity of the proposed site to the cemetery; but since the inhabitants of the town are in the habit of promenading the cemetery itself, this objection can hardly be deemed sufficient ground for the refusal of sanction. The result of the inquiry is not yet known.

OLD MEAT.—On the 5th inst. a butcher was charged before the Brighton magistrates with having on his premises meat unfit for human food. The peculiarity of the case was that there was no specific disease in the meat, nor was it unwholesome through being kept too long, but it was shown that the animal was of great age, and the medical officer of health asserted that the flesh when submitted to him was not fit for food, and that a certain amount of disease was inseparable from old age. The magistrates fined the defendant, who had been twice before them previously, £10 and costs, or a month's hard labour.

HOSPITAL SATURDAY FUND.—The Board of Delegates of this fund met on the 2nd inst., when the Council presented their report for 1885, according to which it appears that £11,192 had been received altogether, and £9500 were awarded to different metropolitan hospitals, dispensaries, and convalescent institutions, being £500 more than in 1884. It is to be regretted that the percentage of expenditure for the year had not been reduced, but this was explained by the fact that there had been a sudden demand upon the funds for a largely increased number of boxes, and the expenditure attending the change of date in the collection.

YORKSHIRE ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—At the annual meeting of this Association, recently held at York, a very satisfactory report by the committee was read and adopted; after which Mr. North, who has been re-elected President, delivered an address, in which he pointed out the advantages of organisation, and recapitulated the various sanitary improvements effected in York during the past year. Papers on Enteric Fever were afterwards read, and an animated discussion followed.—The following is a list of the officers and committee elected unanimously to serve during the ensuing twelve months:—President: Mr. S. W. North (York). Vice-Presidents: Mr. T. W. Hine, M.B. (Bradford), Dr. W. K. Giddings (Calverley), and Dr. Britton (Halifax). Committee: Dr. H. W. Arbuckle (Thorne), Mr. G. Goldie (Leeds), Dr. J. Hardwicke (Rotherham), Mr. A. Roberts (Keighley), Dr. J. W. Mason (Hull), and Mr. W. Burman (Wath). Secretary: Dr. J. Mitchell Wilson (Doncaster). Treasurer: Dr. R. Bruce Low (Helmsley).

THE LATE MR. EBDEN.—In Haughley, Suffolk, some patients and friends have raised a memorial to the late Mr. W. Ebden, who died in 1884, by recasting the tenor bell of the church at an expense of about £30.

DR. PARSONS, one of the medical officers of the Local Government Board, has, we understand, paid a visit to Kidderminster in consequence of statements regarding the water-supply of the town. Mr. Arnold Taylor, one of the engineers to the Local Government Board, will assist Dr. Parsons in his inquiries.

ILLEGAL TITLES.—At Westminster, Mr. Wm. Yelverton Davonport, of Vincent-square, Westminster, appeared to a summons before Mr. D'Eyncourt, to show cause why a distress warrant, to satisfy a fine of £10 and five guineas costs, should not issue and be levied on his effects. Mr. Pridham, solicitor to the Medical Defence Association, appeared to support the summons; and Mr. E. D. Rymer represented the defendant. In May, 1884, Mr. Davonport, who styled himself a surgeon on his cards and doorplate, and practised as a doctor in the Vauxhall Bridge-road, was mulcted in the sum of £15 5s., fine and costs, for representing and describing himself as a qualified surgeon without possessing the necessary diploma. Mr. Davonport then contended that having passed the surgical part of the College examination, he might call himself surgeon. Notice of appeal was given, but never prosecuted; but this of course was not allowed. Since then he has passed the medical part, but not the midwifery. Mr. Davonport's solicitor begged for an adjournment that counsel might be heard for Mr. Davonport. But the Judge ruled that there had been the fullest opportunity for appeal, and that distress must issue.

SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.—A meeting of this Society was held at 11, Cavendish-street, on Tuesday last, the president, Dr. Norman Kerr, in the chair. The Chevalier de Proskow-Marstorff of Vienna, president of the Austrian Society for the Study and Cure of Inebriety, read a paper on Inebriety in Austria. In Moravia there was one public-house for every 222 inhabitants, and it was sought to reduce this to one for every 500. In Vienna, 6555 drunkards had been arrested in 1884, of whom 5771 were males and 784 females. The taxes on liquors were only one twenty-second of those in Britain. The Austrian Parliament had recently passed a law to check inebriety. Dr. A. Peddie, of Edinburgh, read an elaborate paper on the Habitual Drunkards Act, pointing out its inefficiency and inadequacy to accomplish the objects aimed at. Dr. Peddie insisted on the recognition of inebriety as a disease, and strongly supported the discontinuance of the necessity of habitual drunkards having to sign a declaration before two magistrates prior to being admitted into a retreat. He proposed a simple contract between the applicant and the licensee of the retreat. He was in favour of Government inspection of all patients in houses, and of compulsory committal in certain cases. A discussion followed.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BLUNT, Mr. T. P., has been appointed Analyst for the County of Hereford.

CHILDE, LETTERSTEDT FREDERICK, M.B.Lond., M.R.C.S., has been appointed House-Surgeon to Guy's Hospital.

DINGLEY, B. A., M.D.Lond., M.R.C.S., has been appointed Medical Officer for the Second District of the West Bromwich Union.

EASBY, W., M.D., has been appointed Surgeon to the Great Northern Railway Company for Peterborough and District, vice J. Hair, M.D., resigned.

FARRER, GEORGE A., M.R.C.S., of Brighouse, Yorks, has been appointed Certifying Surgeon under the Factory and Workshop Act, vice Robert Farrer, M.R.C.P., M.R.C.S., resigned.

FENTON, J. S., M.B., B.Ch.Dub., has been appointed Medical Officer for the Second District of the Brackley Union.

FLOYER, WILLIAM WADHAM, M.B.Lond., M.R.C.S., has been appointed House-Physician to Guy's Hospital.

HARRIS, S. C., L.F.P.S.Glas., L.S.A.Lond., has been appointed Medical Officer for the Ely Trinity District of the Ely Union.

HEWITT, FREDERIC W., B.A., M.B.Cantab., Anæsthetist to Charing-cross Hospital, has been appointed Assistant Anæsthetist to the Dental Hospital of London.

JACOB, E. L., M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer to the Chertsey Rural Sanitary Authority.

KELLY, P. A., L.R.C.S.I., L.R.C.P.Ed. (of Alwal North, Cape Colony), has been appointed by the Cape Government to attend the employés on the Local Terminal Section of the Railway as far as Molteno.

MONK, H. G. H., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the East District of the Bingham Union.

MONTGOMERY, R. J., A.B., M.B., M.Ch. T.C.D., has been appointed Resident Clinical Clerk in the Rotundo Hospital, Dublin.

NORTON, R. R., L.R.C.P., M.R.C.S., has been appointed Medical Officer to the Tottenham and Edmonton Dispensary, vice J. Bunting, M.R.C.S., L.S.A.Lond., resigned.

OWEN, ARTHUR DRAKER, M.R.C.S., L.S.A.Lond., has been appointed House-Surgeon to the Teignmouth Infirmary.

SALTER, JOHN R., M.B.Lond., M.R.C.S., has been appointed Medical Officer for the Third District of the Tonbridge Union, vice Gargory, whose appointment has expired.

SPONG, CHARLES STUART, M.R.C.S., has been appointed House-Surgeon to Guy's Hospital.

SUTTON, ALFRED MARTIN, M.B.Lond., M.R.C.S., has been appointed House-Physician to Guy's Hospital.

SWETE, E. H. W., M.D.St. And., M.R.C.S., L.S.A.Lond., has been appointed Analyst for the County of Hereford.

SYKES, E. J., M.D., C.M.Edin., has been appointed Medical Officer to the Tottenham and Edmonton Dispensary, vice J. Bunting, M.R.C.S., L.S.A.Lond., resigned.

TAYLOR, ALFRED ERNEST, M.R.C.S., has been appointed House-Surgeon to Guy's Hospital.

WALTERS, F. RUPENACHT, M.D. & B.S.Lond., F.R.C.S.Eng., has been appointed an Honorary Surgeon to the Westminster General Dispensary, vice Dr. J. H. Waters, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BALLANCE.—On the 31st ult., at Harley-street, Cavendish-square, W., the wife of Charles A. Ballance, M.S., F.R.C.S., of a daughter.

BARNES.—On the 8th ult., at Umballa, the wife of Surgeon Raylar Barnes, A.M.S., of a son.

EAST.—On the 1st inst., at Clifton-gardens, W., the wife of Edward East, Surgeon, of a son.

PRATT.—On the 29th ult., at Camden House, Blechingley, Surrey, the wife of Alfred Pratt, M.D., of a daughter.

MARRIAGES.

BATTYE—FISHER.—On the 29th ult., at St. Michael's Parish Church, John Howard Battye, M.D., of Denbigh-street, S.W., younger surviving son of the late R. Fawcett Battye, M.R.C.P., to Jemima, third daughter of John Fisher, Esq., of St. Michael's-on-Wyre, Lancashire.

CROSSFIELD—GREENFIELD.—On the 31st ult., at Broadwater Church, Worthing, Sussex, Arthur Kyffin Crossfield, L.R.C.P., of Dartmouth, eldest son of Robert Crossfield, Esq., of Oak-hill, Isle of Man, to Emma, eldest daughter of Walter Greenfield, Esq., of Holmesdale, Worthing.

PESKETT—PESKETT.—On the 29th ult., at St. Mary's Church, Leyton, Essex, by the Rev. Alfred Peskett, M.A., assisted by the Rev. Charles Edmunds, Vicar Designate of All Saints', Arthur William Chalmers Peskett, M.A., M.B.Cantab., son of the late William Peskett, M.D., Surgeon-Major Indian Army, to Edith Jane, younger daughter of Alfred Peskett, M.D., of Leyton, Essex.

TREND—STEVENS.—On the 5th inst., at Christ Church, Lancaster-gate, Theophilus William Trend, M.D., of Southampton, youngest surviving son of the late Rev. Henry Trend, LL.D., Curate of Wembdon, Bridgewater, to Frances Jane Elizabeth, younger daughter of the late R. G. Stevens, Esq., of Rockstone-place, Southampton.

DEATHS.

CROFT.—On the 1st inst., suddenly, at Abbey-road, N.W., John McGrigor A. T. Croft, M.D., F.R.C.P., F.R.C.S., late of the Ceylon Rifles, aged 65.

DAVIS.—On the 19th ult., at Coquimbo, Chili, suddenly, of heart disease, John William Davis, M.D., L.R.C.S.Ed., Staff-Surgeon R.N., H.M.S. *Heroine*, fourth son of Dr. James Davis, of Ranelagh, co. Dublin, and late of Newport, co. Mayo, aged 37.

DOWNES.—On the 31st ult., at Milford Lodge, Craven Arms, Salop, Thomas Richard Collins Downes, M.R.C.S., L.S.A.Lond., aged 68.

HAZEL.—On the 3rd inst., at Oakley-square, N.W., George Hazel, M.R.C.S., aged 64.

JULIUS.—On the 4th inst., at Portland-terrace, Richmond, Surrey, Frederic Gilder Julius, M.D., in his 78th year.

KING.—On the 2nd inst., suddenly, at 6, Albion-street, Hull, Kelburne King, M.D., F.R.C.S., Surgeon to the Hull Royal Infirmary.

LILLEY.—On the last day of the old year, at his residence, 12, Strathblaine-road, St. John's-hill, New Wandsworth, S.W., Dr. Frederick John Lilley (formerly of 242, South Lambeth-road), eldest son of the late Mr. John Lilley, Surgeon, of Wisbech, Cambs., aged 63.

MICKLEY.—On his passage to Sydney, Arthur George Mickley, M.B.Lond.

PAGE.—On the 5th inst., at St. Ann's, Carlisle, William Bousfield Page, F.R.C.S., J.P. Cumberland, in his 69th year.

SCOFIELD.—On the 2nd inst., suddenly, at Grosvenor, Bath, W. J. J. Scofield, M.R.C.S., F.L.S., formerly of Birmingham, and Hampstead, London, aged 56.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

Medical Diary for the ensuing Week.

Monday, January 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesdays at the same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M. Also on Thursdays at 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
MEDICAL SOCIETY OF LONDON.—Clinical Evening. Living Specimens at 8 P.M. Mr. A. Boyce Barrow: Cases of Varicocele treated by Excision.—Dr. Isambard Owen: Case of Recovery from Albuminoid Disease.—Dr. C. H. Beevor: Cases of Athetosis.—Mr. Walter Pye: Case of Diffuse Lipoma.
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Casual communications by Messrs. Field, Hutchinson, A. S. Underwood, and D. Hepburn. President's Valedictory Address.

Tuesday, January 12.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M. Mr. Bryce Wright: Exhibition of a Bronze Sword, found by the late Capt. Sir William Peel, R.N., at Sandy, Bedfordshire.—Mr. G. F. Lawrence: Exhibition of Flint Instruments from the junction of the Thames and Wandle.—Dr. R. Munro: Ancient British Lake Dwellings and their Relation to Analogous remains in Europe.—Mr. A. L. Lewis: On Stone Circles in Cumberland.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. Gostling: On the Increase in Number of White Corpuscles in the Blood in Inflammation, especially in those cases accompanied by Suppuration.—Dr. Mitchell Bruce and Mr. Bellamy: On a case of Removal of a Tumour from the Roots of the Last Cervical and First Dorsal Nerves.

Wednesday, January 13.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays at 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department 9.30 A.M., on Tuesdays and Fridays.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department: 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.
EPIDEMIOLOGICAL SOCIETY OF LONDON.—7.30 P.M. Council Meeting. 8 P.M. Discussion on Dr. Edwardes' paper on the Report of the German Vaccination Commission.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. G. F. Dowdeswell: On the Microbe of Chicken Cholera.—Mr. A. W. Burnett: Fresh-water Algæ of the Lake District.—Mr. J. W. Stephenson: On Central and Oblique Light in Resolution.
HUNTERIAN SOCIETY.—8 P.M. Dr. Stephen Mackenzie: On Tetany.—Dr. Carrington: Cases illustrating the Treatment of some of the Complications of Acute Rheumatism.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens will be shown by Dr. John Phillips and others.—Dr. Herman: On the Production of the Shape of the Oblique Pelvis of Naegelé.—Dr. Braithwaite: A case of Extra-uterine Gestation treated by Laparotomy in which the Placenta never came away.—Mr. Knowsley Thornton: A case of Removal of both Ovaries during Pregnancy.—Dr. Lewers: A case of Circumscribed Sarcoma of Uterus and Vagina.

Thursday, January 14.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Friday, January 15.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
SOCIETY OF MEDICAL OFFICERS OF HEALTH.—7.30 P.M. Dr. Swete: The Suction of Sewer Gas into the Water-supply a Fertile Cause of Enteric Fever.

Saturday, January 16.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
MIDDLESEX HOSPITAL.—Operations 2 P.M.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Jan. 7th, 1886.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Jan. 1	30·09	W.	47	46	...	52	46	...	Overcast
,, 2	29·95	W.	50	48	...	55	47	·03	Overcast
,, 3	30·04	S.W.	42	39	...	52	36	...	Cloudy
,, 4	29·71	W.	51	50	...	52	40	·17	Overcast
,, 5	29·67	W.	38	36	...	43	36	·19	Fine
,, 6	29·54	E.	34	34	...	35	33	·10	Snowing
,, 7	30·09	N.E.	28	...	...	...	26	·27	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

BOOKS BOUND IN HUMAN SKIN.

FOLLOWING the example of Mr. Joseph Zachnsdorf, who lately bound two Elzevir editions in human skin, another London binder has recently executed an order to encase a copy of Holbein's "Dance of Death" in the same material—assuredly a most appropriate covering for this work. These are the most recent instances of the use of human skin for such a purpose; but they are far from unique, several criminals in olden days having been, after execution, despoiled of their integument in order that the bookshelves of some *connoisseur* of bindings might be enriched by the ghastly relic.

Mr. W. A. Renshaw.—Our correspondent had better apply to the registrar of the University.

WINTER COMFORTS FOR MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—Mr. Pridgin Teale, in THE LANCET of last week, gave some valuable hints concerning clothing. I would wish to supplement them by the recommendation of a "cardinal" waistcoat—i.e., a knitted one with long sleeves—for very cold weather. The wearing of one, I find renders a heavy top-coat superfluous. On entering a house I unfasten mine, and it slips back out of sight, leaving the ordinary waistcoat visible; the difference in weight and gain of warmth are most desirable. For ordinary winter weather a flannel lining stitched into the back of a summer waistcoat makes it comfortably warm. Considering how little, comparatively, the spinal cord is protected from external variations of temperature by ordinary clothing, I deem this extra warmth important, and have benefited several bronchitic, asthmatic, and other patients by inducing them to have the backs of their waistcoats as warm as or warmer than the fronts. Some correspondence about this appeared in the *Standard* last year. For women also it is desirable to protect the spinal cord from extreme cold.—I am, Sir, yours faithfully,

Malvern, Jan. 6th, 1886. STANLEY HAYNES, M.D.

Mr. F. D. Lys.—Instruction is given at several of the lying-in hospitals—e.g., Queen Charlotte's—or the Maternity Charity, Finsbury-square.

SEPARATE EXAMINATION IN MECHANICS.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me when a student, who has passed one of the preliminary examinations supposed to be recognised by the General Medical Council, but which does not include mechanics as one of its subjects, can obtain a separate examination in mechanics likely to be recognised by the Council as a compliance with their new demands? At present it seems that the new regulations simply disfranchise a large number of the preliminary examinations, including both the Cambridge Previous and the Oxford Mods.

I may say that I have applied at the offices of the General Medical Council, but could obtain neither attention nor courtesy, much less information. I am, Sir, yours truly,

Jan. 5th, 1886. AN ANXIOUS PARENT AND A F.R.C.S.

"A SANE LUNATIC."

THE *Globe* complains that difficulty sometimes arises in placing known lunatics in asylums. It will always be thus, so long as the present clumsy system of certifying is maintained. The filling up of the forms required by law is a task of great perplexity in many of the very cases in which it is urgently necessary to place a person of unsound mind in confinement or under control; whereas in cases of doubtful insanity or mere eccentricity there is not, as a rule, any great trouble in getting certificates duly signed. This is not as it should be.

Mr. R. Stevens.—Jervis on the Office and Duties of Coroners, fourth edition, by Melsheimer; published by Messrs. Stevens and Sons, Chancery-lane.

An Old Subscriber.—We have no knowledge of the system.

MIND AND MATTER.

To the Editor of THE LANCET.

SIR,—With reference to the moot questions of ecstasy, miracles, mothers' marks, stigmata, *et hoc genus omne*, that have been recently discussed or alluded to in your pages, there is a passage in Holcroft's Memoirs, vol. ii., p. 197, which calls, in connexion with wounds &c., for reproduction, if it does not compel adverse criticism or comment. It runs to the effect that Carlisle—the late (as I take it) Sir Anthony Carlisle,—who is described by our author as "an acute and thinking mind," thought that the mind ought not to endeavour to regulate disease, its influence being great, but, as he affirmed, prejudicial. He (Carlisle) "instanced that people having wounds, by a close attention to their feelings in the affected part, increased its sensibility to a noxious degree, and that the bones, which, he said (I think erroneously), have themselves no feeling, had, by the attention of patients fixed upon them when diseased, become entirely sensitive. He spoke of these as facts within his own knowledge." "From my own experience," adds Holcroft, "I believe them to be true, and think with him that the attention so fixed upon parts diseased may be prejudicial; but from experiments made upon myself, if the attention be fixed with a tranquil, pacifying, and cheerful temper of mind, I am persuaded they highly benefit the sufferer. This I urged; but his opinion seemed fixed." It is not easy to see how it can come to pass that the attention of sufferers to their feelings in the affected part may aggravate the sensibility of that part in the one instance without producing a correspondingly beneficial effect, under very similar, and without more favourable, conditions in the other. Yet this is what Carlisle affirms or implies; and I ask your readers how far, if at all, their experience accords with his?

This paragraph suggests three agencies or influences, to the consideration of which I bespeak the attention of such of your readers as can speak about them "as facts within their own knowledge":—1. Can the mind regulate (formed) disease in anywise, and, if so, how far or how much? 2. Can people having wounds increase their sensibility one way or the other—i.e., taking the temperature as the analogue of this so-called sensibility? Can the former be either increased or diminished—no matter how much or how little—by any amount of attention or indifference on the part of the patient? 3. Are the bones (as such) devoid of feeling, and, if so, can they be rendered, by such mental effort or fixation as is here contemplated, on the part of their owner, "entirely sensitive"?

Books, "by the score or more," have been written on these points; but they have been written by sciolists or theorists who had some hobby to ride or some theory to uphold, and facts are what we want in the case. To elicit these in an authentic setting, or from those—and those only—who can speak of them as having come within the sphere of their own knowledge, is the object of this brief note, and the inherent interest of the subject will be my excuse for calling your and their attention to the matter in this place. I am, Sir, your obedient servant,

Auriol-road, W., Nov. 22nd, 1885. WM. CURRAN.

SUBSCRIPTIONS TO CHARITIES.

To the Editor of THE LANCET.

SIR,—I was gratified to read your opposing criticism of the (under present circumstances) absurd proposal of "A Middlesex J.P."—viz., that subscribers to charities should insist that 75 per cent. of their subscriptions should be funded, and only 25 per cent. be used for current expenses. As my letter on behalf of the hospitals, which appeared in *The Times*, brought forth this remarkable suggestion, I trust that you will permit me to say that, although I did not for one moment anticipate that it would be acted upon, yet I replied to "A Middlesex J.P." to the effect of your leader, and also of Mr. Burdett's and Mr. Carr-Gomm's letters—viz., that if the benevolent supporters of charities insisted upon the absurd condition that 25 per cent. only of their subscriptions should be used for present purposes, then by far the greater proportion of the absolutely necessary work of relieving the sick poor in their sufferings from disease and accident would be stopped. Hospital beds would have to be vacated, wards closed, and medical relief suspended to an extent probably little dreamt of in "A Middlesex J.P.'s" philosophy. Not only would there be this immediate sad result, but the carrying out of his suggestion, instead of enabling, as he seems to think, the future work of the medical charities to be extended and more efficiently carried on, would, I believe, cause the subscriptions to fall off, and thus the future, as well as the immediate, operations of the hospitals would have to be greatly curtailed, to the irreparable injury of those for whose benefit they were established.—I am, Sir, yours truly,

Jan. 5th, 1886. THE EDITOR, "CHARITY RECORD."

FEES FOR VISITING A "RETIRED PUBLICAN."

THE Woolwich County Court judge, Judge Powell, seems to have but a poor appreciation of the value of medical services. In a case tried before him last week a medical man sought to recover £3 from a "retired publican" for attendance, which was charged at the rate of 3*s.* 6*d.* a visit. The defendant, who had left the neighbourhood and had been very troublesome to trace, complained—for the first time, though he had had the account in 1882—that 3*s.* 6*d.* was excessive, adding the bit of vulgar abuse that "he had had more skilled doctors for 2*s.* 6*d.*" His Honour "thought the charge rather high"! He, however, gave judgment for the amount claimed. If Judge Powell will ask his own doctor, or look at any of the published tariffs of medical fees—such, for instance, as those in the Appendix to Whittaker's Almanack for last year (they are omitted in this year's issue)—he will see that when people live in houses above the value of £35, it is usual to charge them 3*s.* 6*d.* at the very least.

Dr. Lavers.—The report gives no intimation as to the nature of the supposed remedy.

POISONOUS SNAKES IN NAMAQUALAND.

To the Editor of THE LANCET.

SIR,—Two years' sojourn in a land in which excessively poisonous snakes abound has caused me to direct some little attention to the various remedies which have been suggested to save life when fellow-beings are bitten by snakes of a known poisonous nature. The most deadly snakes here are the puff-adders, the yellow cobra capellas, the horn snakes, and the night adders. Whilst frequently hearing of horses and cattle rapidly succumbing to the bites of these snakes, it appeared strange that the natives themselves, who mostly ramble about the Veldt almost naked, seldom or never appeared to suffer any further inconvenience from the bites of poisonous snakes than would be usual from any accident which would cause a little local inflammation; and, on close inquiry, I found that the natives in Bushmanland, Namaqualand, Damaraland, and the Kalakari are in the habit of extracting the poison-gland from the snake immediately it is killed, squeezing it into their mouths and drinking the secretion, and that they thereby appear to acquire absolute immunity from the effects of snake-bites. The natives, moreover, keep by them some poison-glands which they have allowed to dry in the sun; and they also carry about with them the dried body of a poisonous lizard, known amongst the Hottentots as the "t'nobo." When a native or any traveller who has lived long here is bitten in the Veldt by a poisonous snake, it is customary (whether he be a snake-poison drinker or not) to tie a ligature, if practicable, above the bite, then to suck the wound or cause it to be sucked; make a few incisions close to where the poisonous fangs entered, and insert pieces about the size of a pin's head of the "t'nobo," or, failing the "t'nobo," of the congealed contents of a dried poison-sac. For a long time I hesitated to place much reliance on these methods; but having a month ago seen a native named Snellsteve, who is a snake-poison drinker and a snake collector, put his hand into a box containing two yellow cobras, and several horn and night adders, in doing which he was severely bitten, and has never since suffered anything more than a little pain, such as might be caused by any trivial mishap, I feel I can no longer refuse to believe in the efficacy of the snake virus itself as a remedy against snake poison.

I could quote the testimony of Captain Hills, and Messrs. Ridgell, Fisher, and Kays, who, from five to thirty years spent in the above-mentioned districts, have had undoubted opportunities of observing the action of the remedies; and the result of their observation has been that they now firmly believe in the methods I have mentioned, and never travel without the dried sacs and the "t'nobo."

I am, Sir, yours faithfully,

ALFRED BOLTON, L.R.C.P. Lond.

Port Nolloth, Namaqualand, Dec. 7th, 1885.

Mr. Prowse (Clifton).—We regret we have been unable to find room for the communication.

Mr. A. Allen.—We cannot exchange.

PRURITUS AND COFFEE-DRINKING.

To the Editor of THE LANCET.

SIR,—In your issue of Jan. 2nd (page 34) you note the opinion of Brown-Séquard that certain cases of pruritus vulvæ and pruritus ani are associated causally with the use of coffee. The idea struck me as not only a singular one, but as one which in my own experience receives confirmation on the *post hoc* principle at least. For months past I have suffered from pruritus ani, which yielded to no treatment whatever. No constitutional malady was, or is, present; the renal and nervous systems were normal, and digestion good. I was, however, in the habit of taking a large cup of strong coffee after dinner, and relinquished the habit only on account of certain symptoms pointing to interference with gastric digestion. Since giving up my post-prandial coffee I have not had a return of the intolerable itching. Perhaps it may be held that in reality the coffee caused digestive disturbance, and that this latter primarily caused the pruritus. The coffee in such a case would only be the remote, and certainly indirect, cause of my ailment. Be that as it may, the pruritus has vanished with the coffee-drinking. I think of giving the latter a trial again, and of watching the result.

I am, Sir, yours truly,

Jan. 2nd, 1886. A. W.

HYDROPHOBIA: OLD PRESCRIPTIONS.

To the Editor of THE LANCET.

SIR,—At a time when hydrophobia is being so prominently brought before us, and when one of the most eminent of continental scientists is so patiently and laboriously working to try and effect its cure, it may not, perhaps, be amiss to glance back and see how the old physicians treated this and allied dreadful diseases.

Alphonse Karr, one of the most charming of simple philosophers, tells us that "physicians, for a long time, applied the roots of fennel pounded with honey to the bites of mad dogs. At the end of three or four hundred years, it was discovered that this had never cured anybody." For the older doctors, attributing virtues to plants based upon analogy, concluded that fennel must be an antidote to the bite of snakes, because, as Pliny says, snakes are exceedingly fond of it. The Romans drank the seeds in wine as a cure for scorpions' and snakes' stings. And, still reasoning from analogy, I suppose, the French physicians thought that as it was a "sovereign remedy" in these two cases, it must therefore be a potent cure for the bite of mad dogs, and so used it for three or four hundred years. Similarly, Pliny tells us that ancient physicians, observing that snakes used the juice of this plant as a kind of eye salve to clear their sight, immediately applied it to their suffering brethren for a similar purpose. Whence arose the following elegant dog Latin lines, which I feel sure must have been oft-repeated by the "Savantissimi doctores" and "Medicinæ professores" of Molière?

Fœniculum, roses, verbena, cheledonium, ruta.
Ex his fit aqua quæ lumina reddit acuta.

Gerarde, our first great English herbalist, also gives very many quaint instances of similar uses. Thus, in speaking of certain flies which "feed" upon the napellus, he says, "Yet of them there is confected an antidot or most available medicine against the deadly bite of the spider called Tarantala, or any other venemous beast whatsoever; yea an excellent remedy not only against the aconites, but all other poisons whatsoever." But honest Gerarde did not believe in everything which was transmitted to him from his ancestors. For, summing up the virtues of larkspur, he says, "That it is set downe, that the seeds drunken are good against the stingings of Scorpions; whose virtues are so forceable that the herbe throwne before the Scorpion or any other venemous beast, causeth them to be without force or any strength to hurt, insomuch that they cannot move or stirre untill the herbs be taken away; with many other such trifling toyes not worth the reading."

I remain, Sir, yours truly,

University College, London, January 4th, 1886. R. W. BOYCE.

A REQUEST TO CANADIAN PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I am engaged in correspondence in the local papers with the anti-vaccinationists, and, of course, my chief opponent is at Leicester; but Banbury stands only second to that town as a centre of the movement against vaccination. Your valuable remarks will, I doubt not, have been taken as a cue, and I trust that medical men in every county town will avail themselves of the local press to refute the fallacies that at present are being spread broadcast throughout the country by emissaries from Leicester. My adversary states in the *Banbury Guardian* of last week that "Dr. A. M. Ross of Montreal, writing on Nov. 12th, 1885, quotes from the Health Office Reports. In August the demand for increased vaccination began, and as vaccination increased from 100 to 200 per week in August to from 1000 to 1500 per week in October, so has the small-pox death-rate increased from 50 to 60 per week in August to 300 and 350 per week in October; thus showing that vaccination kindles small-pox." May I appeal to my brother practitioners in Canada, through the medium of your valuable journal, for statistics, in order that I may let the neighbourhood know the truth. I feel that you will see the importance of my request, and agree with me that it is not well to treat the movement with silent contempt, which would be construed by the public to mean inability to refute the arguments of the anti-vaccinationists.

Can you kindly give any statistics to refute the statements I have given? Can you also tell me any facts with regard to the North American Indians, who were being decimated by small-pox before they accepted vaccination? I am, Sir, yours obediently,

G. COCKBURN SMITH, M.D.

Middleton Cheney, Banbury, Dec. 26th, 1885.

*** We would recommend our correspondent to read the last issued report of the Medical Officer of the Local Government Board, where he will find a large number of facts of the kind he evidently requires.—ED. L.

"SYPHILIS IN CAPE COLONY."

To the Editor of THE LANCET.

SIR,—I have just read in your issue of Oct. 17th an annotation headed as above, in which, quoting from the *Friend of the Free States*, you assert that syphilis is especially rife in Basutoland. I have held the appointment of medical officer to the Basutoland Government since Oct. 1st, 1884, and during that period have only had one case of syphilis under my notice. Frambœsia (yaws) is pretty prevalent, and this is mistaken by the public for syphilis. That the disease exists largely in the Cape Colony is, I believe, true; but, on the contrary, I believe Basutoland to be particularly free from it.—Yours faithfully,

W. J. V. ROWE,
Medical Officer to the Basutoland Government.

Maseree, Basutoland, Dec. 4th, 1885.

STATISTICS OF INSANITY: RECOVERIES.

DR. PLINY EARLE, writing in the *American Journal of Insanity*, observes that so far as the statistics presented are an indication, the recoveries in British asylums, both in recent cases and of all patients admitted, exceed the recoveries in American institutions by between 8 and 9 per cent. The most important general conclusions to be derived from the statistics included in this paper are: first, that the old allegation of curability in a very large majority of recent cases is not sustained, and that a failure to sustain it is more apparent and more striking than at any antecedent time; secondly, that the percentage of reported recoveries of all cases received at the hospitals still continues to diminish. He thinks the diminution is perhaps in part attributable to the admission of a larger proportion of chronic cases and of cases of greater degeneracy from their origin, in part to a more stringent interpretation of the word "recovery," and to greater conscientiousness in the compilation of statistics.

Mr. Simeon Snell's paper will appear in an early number.

ACUTE GLOSSITIS: ABSCESS.

To the Editor of THE LANCET.

SIR,—The following case may prove of interest to some of your readers on account of its not being very common:—

On Oct. 14th, 1885, I was called to see a case of swollen tongue. The subject was a little girl, aged eight, pale and sickly-looking, the daughter of a miner; she had always enjoyed fair health up to this time. The family history was good. I found, on examination, the tongue half an inch thicker than natural, and covered with a white fur; it was not painful to the touch; deglutition was difficult and caused some pain; the pulse was 160; the temperature being 103·1°. There was some soreness complained of on pressing over the region of the right tonsil. The tonsil was not enlarged; saliva dribbled copiously from the mouth, the floor of which was quite natural. There was no swelling of glands in the neck, and no apparent cause of the enlargement of the tongue. Inquiry was made as regards the patient ever having taken mercury, &c., but with negative results. She stated that she had eaten a quantity of cheap coloured sweets the day before, and had afterwards vomited. I ordered the usual remedies for glossitis and ice to suck. I saw her again the next day, Oct. 15th. The swelling of the tongue had increased quite half an inch more; the patient could not close the mouth on account of the great swelling and protrusion of the tongue; she had taken no food during the day; she could not swallow even a little beef-tea; the dyspnœa was urgent; she was in an extremely weak condition, the constitutional disturbance being great. The voice was quite abolished, so I resolved at once to deeply scarify the anterior surface of the tongue. I wrapped a tonsil bistoury with lint to within half an inch of the end, and made two incisions, longitudinally, each side of the raphe of the tongue; the mouth immediately filled with curdy pus and venous blood. I may say there was no sense of fluctuation to be felt before the operation. I ordered an enema of beef-tea, brandy, and egg, and a gargle of tannic acid and glycerine, to be painted over the tongue and the back of the throat, with a mixture of bark and chlorate of potash internally. I saw her the next day (Oct. 16th). The swelling had decreased half an inch; she could take beef-tea and milk through a feeder; she slept well; the tongue was quite normal, and the incisions healed; the bowels acted four days after the operation. The patient appeared quite well, but weak. Ordered cod-liver oil. She has remained weak ever since.—I am, Sir, yours truly,

Lower Gornal Surgery, Jan. 4th, 1886. WM. ED. NEWEY.

"AUSTRALIAN MEDICAL APPOINTMENTS."

To the Editor of THE LANCET.

SIR,—In answer to your correspondent "Old Subscriber," who wrote under the above heading in your issue of Sept. 26th, 1885, I beg to say that the medical appointments in these colonies are chiefly club and country hospital appointments. The clubs pay £1 per member per annum, for which sum the practitioner has to attend the member, his wife, and family, and (as a rule) find medicine; midwifery extra (two or three guineas), and mileage at the rate of five shillings a mile if the residence is more than three miles, the first three miles being free. There was a hospital house-surgeoncy vacancy in Tasmania a few weeks ago, salary £350 and a house, for which there were eighteen candidates, the successful one being a London M.B. A man over forty would have to stand his chance; but so far as this colony is concerned, he had much better stay at home. There are about 250 medical men practising in Sydney alone, and fees are little, if any, higher than in England, while house rent and expenses are about double. The hospital appointments range from about £40 to £400 a year. The great want here is not more medical men, but a proper Medical Act. At present any man can style himself "Doctor," and anyone can give a death certificate. We have in Sydney a Chinaman assuming the title of "Doctor," and having a large practice, who was cook at a hotel in the gold-fields; another man, who practises as a follower of Hahnemann, was formerly a groom; while a third advertises himself as curing the poor on certain days, his qualification being the fact that he is a seventh son! We have a new House of Assembly now, and it is possible they may find time to pass a Medical Act.

Now to another matter. A patient of mine, aged eight, swallowed a halfpenny. It passed per rectum in exactly three weeks, and bore no marks of its somewhat lengthy sojourn. Yours faithfully,

Sydney, N.S.W., Nov. 18th, 1885. NOSTALGIA.

Mr. Frederic Irving de Lisle.—The situation is a difficult one, especially when the two persons concerned are of the same rank in the profession. B should decline to attend, alleging as a reason the entire concurrence of himself and A. But we are not prepared to say that under all circumstances this extreme position should be maintained; something is due to the feelings of the patients or friends. Of course, we assume absolute honour and high conduct on the part of the preferred practitioner.

PARALYSIS AGITANS.

To the Editor of THE LANCET.

SIR,—I should be glad if any of your readers could throw out suggestions for the treatment of the following case of what seems to be paralysis agitans. The patient is a woman aged fifty-two years, the mother of four children. She has always been of a nervous temperament, and for many years has had great pecuniary troubles and anxieties. About three years ago she first noticed the tremors, which were then slight and limited to the lower extremities. Now they are almost general (except in the face), preventing sleep, and rendering life wretched. The movements are partially mere tremors; but sudden jerkings are also experienced, which the patient vainly tries to check by holding down one limb with another, or otherwise fixing it. There are also considerable flushings of the face, and noises in the head of the most heterogeneous character. She has tried change of scene, and has used at various times phosphorus, arsenic, strychnine, bromide of potassium, and occasional night draughts of chloral combined with bromide; but nothing seems to procure relief. Can any of your readers suggest anything further? I am, Sir, yours truly,

Jan. 4th, 1886. INQUIRER.

Doubtful.—Our correspondent's view is ingenious; but we should not advise him to take the case into a court of law, where, according to all *past* decisions, he has no *locus standi* as a surgeon.

Dr. A. Wilson (Leytonstone).—Yes, as opportunity offers.

CEPHALALGIA WITH CATALEPTIC SYMPTOMS.

To the Editor of THE LANCET.

SIR,—Can any of your readers give any suggestions as to treatment in the following case?

Miss G——, aged seventeen years, is now suffering from most acute pain in her head, which begins as soon as she awakes in the morning, and comes and goes at short intervals throughout the entire day till bedtime, when she goes into a quiet sleep and so remains till the following morning. She has also occasionally some fits of a cataleptiform description, which last about seven or ten minutes, and when she wakes she screams out and coughs violently for about three minutes, and then relapses into the cataleptic state. She also complains of pains in the chest. She appears unable even to stand alone, and has to be carried from her bed to her chair at the fireplace. The breathing is very short when she is awake, but normal during sleep. The fits are getting each day more frequent, and all the symptoms defy every form of treatment that has been tried during the past five months, and much anxiety is felt by the patient's friends.—I am, Sir, yours faithfully,

Everton, Jan. 8th, 1886. ROBERT E. HUNT, L.R.C.S.E., &c.

Dr. Tindal Robertson.—It would scarcely be fair to other institutions of a like kind to insert the letter of our correspondent.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir William Mac Cormac, London; Dr. Suckling, Birmingham; Mr. Wharton Jones, Ventnor; Dr. Sturges, London; Mr. Reginald Harrison, Liverpool; Dr. Stanley Haynes, Malvern; Dr. Gowers, London; Mr. E. L. Fenn, London; Mr. Atthill, Surbiton; Mr. F. C. Banks, London; Sir R. Lechmere; Mr. Rideal, London; Mr. Knowsley Thornton, London; Dr. R. Diver, Kenley; Dr. A. Routh, London; Mr. Hayes, Bangalore; Mr. Nicholson, London; Mr. Yeates, Newhaven; Dr. A. Wilson, Leytonstone; Mr. Rowe, Maseree; Mr. R. W. Moore, Wednesbury; Mr. Bolton, Port Nolloth; Dr. Cheadle, London; Mr. H. Bigg, London; Mr. S. Paget, London; Mr. McKinney, London; Mr. J. F. Morison, Glasgow; Dr. Russell, Edinburgh; Mr. G. W. Moseley, Edinburgh; Mr. Birt, Wakefield; Mr. C. S. Jeaffreson, Newcastle-on-Tyne; Mr. McDonagh, London; Dr. Mitchinson; Dr. Norman Kerr, London; Dr. Hale White, London; Mr. Hunt, Everton; Dr. Savage, London; Mr. H. P. Symonds, Oxford; Mr. Huxley, Torquay; Dr. G. Burder, Clifton; Dr. Felkin, Edinburgh; Mr. J. H. Wright, Halifax; Mr. Davies, Tenby; Dr. L. Leibswitz, Vienna; Mr. C. J. Green, London; Mr. Pratt, Birmingham; Mr. Boyce, London; Mr. F. D. Lys; Dr. Wise, Maloja; Mr. Alexander, Liverpool; Mr. Clearey, New York; Mr. Braddon, London; Mr. Visger; Mrs. Bent, Bournemouth; Dr. Gordon, Worthen; Mr. Sallon; Mr. Williams, Port Isaac; Mr. Harris, Paterson, U.S.A.; Dr. Lett; Mr. Parkinson, Manchester; Mr. O'Kelly, Hednesford; Mr. Hill, Fulham; Mr. Chaplin, London; Dr. Berder; Mr. Parke; Mr. Lowe, London; Mr. T. Cook, London; Dr. Torbock, Fowey; Messrs. Baiss Bros.; Mr. Palmer, Chard; Mr. Allen, Bath; Mr. Grant, Crediton; Mr. Birdwood, Longreach; Mr. Fowler; Mr. Clyma, London; Mr. Russell, Liverpool; Dr. Coleman, Kingston-on-Thames; Mr. Jones; Mr. Hodgson, London; Mr. Crowther, Halifax; Mr. H. H. Bigg; Messrs. Waite and Co., London; Messrs. Burgess and Co., London; Mr. Tunmer, Harrogate; Messrs. Wavell and Co., Halifax; Dr. Thom; Mr. Logan, Glasgow; Mr. Parry, Abergele; Dr. Arnison, Allandale; Mrs. James, St. John's Wood; Dr. Walter; Mr. Burroughs; Dr. Blume, Stafford; Mr. Lowndes, Liverpool; Mr. Carpenter, London; Mr. Godfrey, Northampton; Mr. Elliott, Carlisle; Messrs. Hall and English, Birmingham; Mr. Scragge; Mr. Gregson, Spennymoor; Mr. Thomas, Clydach; Mr. Whitford, London; Mr. Morgan, Dowlais; Mr. Parks, London; Dr. J. Black, London; Dr. Andrew; Messrs. Trübner and Co., London; Mr. Harrison, Haughley; Dr. Adam, West Malling; Mr. Menzies, Egham; Mr. E. Marks, London; Mr. Morgan, Froome; A Retired Physician; An Anxious Parent; Enquirens; Indignant M.R.C.S.; Doubtful; M.R.C.S.; Surgeon; Inquirer; A. W.; M.B., Bushey; G. H. B., Finsbury; Unqualified.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Kerr, London; Mr. Jones, Ruabon; Mr. Davis, Dorchester; Mr. Faulkner, Clontarf; Dr. Thompson, Brailis; Dr. Wilks, London; Mr. Jennings, Colethorpe; Mr. Phillips, West Hartlepool; Mr. Lockwood, Sheffield; Mr. Scriven, London; Mr. Waddy, Wexford; Dr. Stansley, Derby; Mr. Guest, Melsonbey; Mr. Fisher, London; Mr. Ablett, Whitehaven; Mr. Kenny, Matlock; Dr. Mickle; Mr. Gibson, Edinburgh; Mr. Boyveau, Paris; Dr. Harris, Mallow; Mrs. Ligerwood, West Malling; Mr. Creasy, Seven Oaks; Dr. Sherrard, Bournemouth; Dr. Monks, Wigan; Mr. Kenzer, Orkney; Mr. Crassweller, Clapton; Mr. Thornton, Cork; Mr. Hewer, Scarborough; Mr. Young, Hawkhurst; L.R.C.P., Uxbridge; Medicus, Abergele; Digamma; B. F.; M.D., Bournemouth; L.K.Q.C.P.I.; Lady Superintendent, Bristol; X. Y. Z., Liverpool; Mater, Preston; Fideliter, Exeter; F. G., Cambridge; Omega, Liverpool; H. B., Rotherhithe; Beta, Clapham; J. B.; B., Manchester; J. W., Manchester; Cocaine; Graduate, Bournemouth; W., London;

Tyneside Echo, Newcastle Evening Chronicle, Sydney Daily Telegraph, Vaccination Inquirer, Edinburgh Evening Dispatch, Weston-super-Mare Chronicle, Birmingham Daily Post, Southport Visitor, York Herald, Lancaster Guardian, Glasgow Herald, Nottingham Evening Post, Hull Daily Mail, Liverpool Echo, Daily Post (Bangalore), &c., have been received.

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